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ABSTRACT

The five chapters in this manual outline an HIV/AIDS education program for grades K-5. Chapter 1 asks why HIV education should be taught in the primary grades, discusses who should teach HIV/AIDS education, and presents facts about adolescents and AIDS. Chapter 2 includes: (1) questions and answers about the bill that mandated K-12 HIV education in all Arizona public schools; (2) criteria and procedures for notification of school districts of HIV-infected students; and (3) a sample parental notification letter. Considerations for the development of a comprehensive HIV education program are incorporated in chapter 3. The fourth chapter supplies the suggested scope and sequence for HIV/AIDS education grades K-12. The final chapter provides sample lesson plans for grades K-5. Appendices provide: (1) an age-appropriate glossary of terms; (2) basic information about HIV for educators, common questions and answers asked by students, teaching tips and overhead transparencies; (3) infection control guidelines in the school setting, including universal precautions to prevent the spread of HIV disease and an OSHA fact sheet on bloodborne pathogens; (4) ways to involve parents and the local community in the HIV education program; (5) suggestions for teaching health education topics, including HIV, in multicultural classrooms; (6) community resources; and (7) a resource materials guide. (LL)

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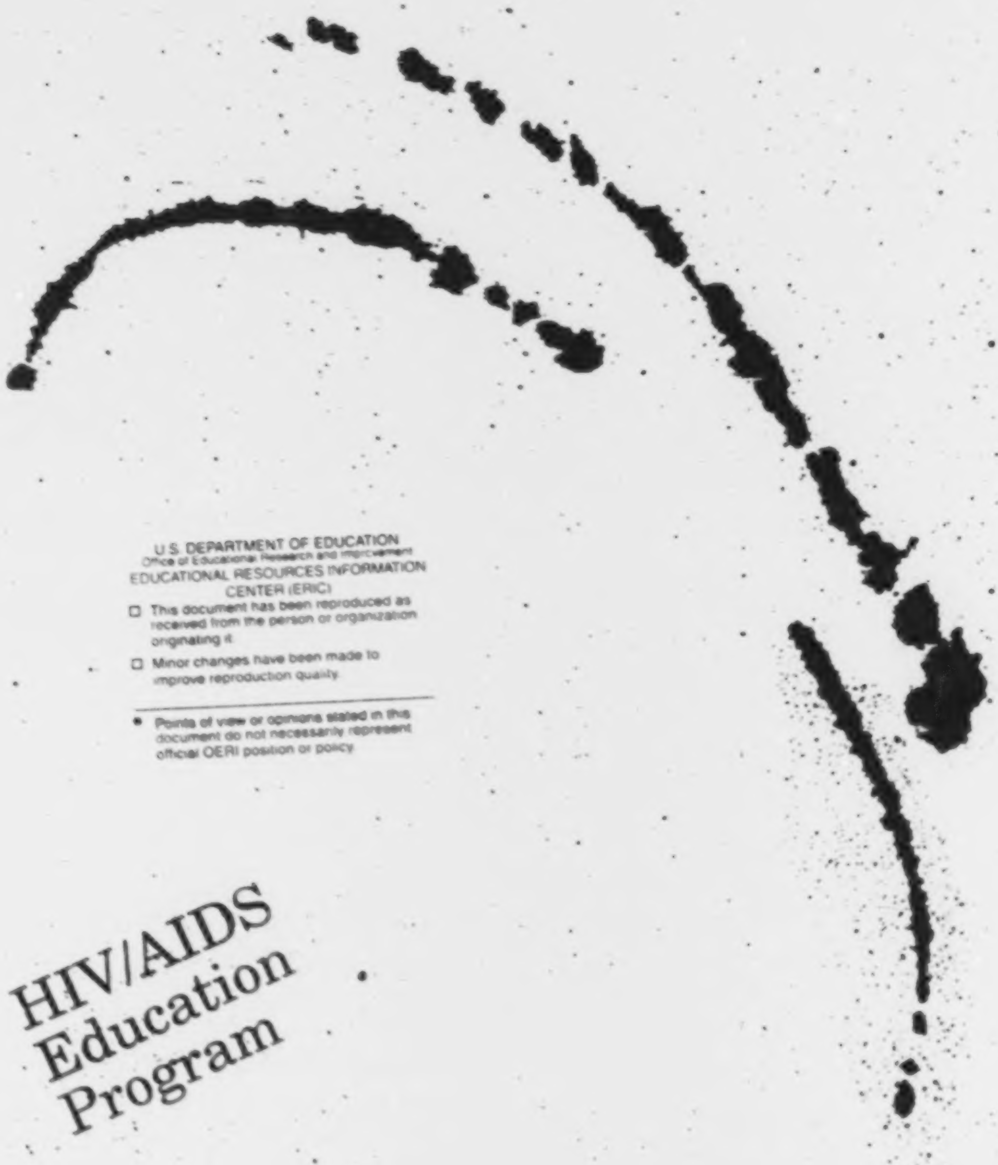

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HIV/AIDS Education Program

GRADES

Arizona Department of Education
C. Diane Bishop, Superintendent
August 1993

SP035934

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HIV/AIDS EDUCATION PROGRAM

Grades K-5

Arizona Department of Education
Comprehensive Health Unit

September 1993

This publication was developed with funds provided through a cooperative agreement with the Center for Chronic Disease, Centers for Disease Control, Prevention and Health Promotion, Division of Adolescent School Health.

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The Arizona Department of Education gratefully acknowledges the following organizations for their contributions to the K-5 and 6-12 HIV/AIDS Education Programs.

The ADE HIV Program would also like to thank the staff in Information Services for all their assistance in preparing this document.

1. "AIDS: What Every Teacher Must Know: Skills, Strategies and Information for Teaching Effective AIDS Prevention, Grades K-12"
   Veronica M Skerkers
   Connecticut Department of Eduction
   25 Industrial Park Road
   Middletown, CT 06457

2. Arizona Department of Health Services
   HIV Program
   3815 North Black Canyon Highway
   Phoenix, AZ 85015

3. "Does AIDS Hurt?"
   Marcia Quackenbush and Sylvia Villarreal
   Network Publications
   P.O. Box 1830
   Santa Cruz, CA 95061-1830

4. New Jersey State Department of Education
   225 West State Street
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5. Office of Superintendent of Public Instruction
   Vocational Education, Student/Committee Services
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7. San Diego County Office of Education
   6401 Linda Vista Road, Graphics, #212
   San Diego, CA 92111-7399

8. West Virginia Department of Education
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   Charleston, WV 25305

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I. INTRODUCTION

INTRODUCTION

The worldwide epidemic of HIV infection and AIDS has challenged us for a decade. As of September 1992, the World Health Organization estimates that, conservatively, 13 million people are now HIV-infected throughout the globe. The distribution of these cases varies considerably, with approximately six million living in Africa, 1.5 million each in both North and South America, and half a million each in Europe and Asia.

Approximately one in ten people infected worldwide reside in the United States. Of these individuals, over 220,000 are either experiencing life-threatening illnesses or are already deceased. In Arizona, as of July 1993, there are over 6,470 people who have already tested positive for the Human Immunodeficiency Virus (HIV), 113 of them 19 years of age or younger. Forty-three infected children are under the age of 13. In just two years, Arizona has seen a 48 percent increase in reported adult cases of HIV infection and a 40 percent increase among children and adolescents. And these are only the **reported** cases. With the transient nature of our society and the fears of breaches in confidentiality, the Arizona Department of Health Services estimates the actual number of infected persons may be closer to 15,000 in Arizona alone.

For this reason, the U.S. Department of Health and Human Services, Centers for Disease Control, has allocated limited funds to all state Departments of Education to assist schools by developing teacher training programs and educational guidelines in an effort to provide our students with potentially life-saving information.

After a decade of experience in HIV prevention, the World Health Organization states that three elements are required to slow down the spread of HIV disease:

- Accurate Information and Education,
- Adequate Health and Social Services, and
- A Compassionate Response.

There is still no cure for HIV disease, and no vaccine. While treatments are extending life and improving the quality of life for those infected, it remains a physically, emotionally, and financially devastating health challenge. We must do all in our power as parents, educators, and community health professionals to prevent the further spread of HIV disease among our youth.

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WHY SHOULD WE TEACH HIV EDUCATION IN THE PRIMARY GRADES?

Child development professionals agree that children learn health-promoting behaviors best if they are taught within the context of a K-12 comprehensive health education program. To be effective, information about HIV disease transmission and prevention must be repeated over a span of time. Considering the devastating consequences of this disease, and the knowledge that it is preventable, beginning in the elementary grades maximizes our chances of being effective.

In the primary grades, children are also naturally curious about their world, and their interest in diseases, including AIDS, is normal and healthy. Our main objective when teaching young children about this disease is to diffuse fear and reassure them that they cannot contract HIV disease from participation in normal school activities. We must emphasize that HIV/AIDS is actually hard to get, that it primarily affects adults, and that health care specialists are working very hard to find a cure for the disease.

HIV education in the primary grades does not focus on human sexuality but rather emphasizes good hygiene and safety. For instance, one message we want to get across to kindergartners is not to pick up or play with sharp objects they might find on the ground, such as shards of glass or used syringes. We want them to respect blood as a source of germs, instruct them not to touch another person's blood, even a friend's or family member's, and tell them to get help from an adult if the person who is bleeding needs assistance.

WHO SHOULD TEACH HIV/AIDS EDUCATION?

We have already mentioned that information about HIV disease is best taught within the context of comprehensive health education. But equally important to the success of your program is the selection of an appropriate teacher(s) who is prepared with accurate information and comfortable with the topic. Team teaching with the school nurse, school counselor, or a community health professional is an ideal way to "share the wealth" of instruction and increase student interest at the same time. The temptation, with a controversial topic such as AIDS, is to invite a guest speaker in to give the entire presentation. While on the surface this may seem practical, it is important for students to see their teacher as a resource for them after the "expert" is gone.

There is one more factor to consider. At this stage in the AIDS epidemic, an increasing number of children have a family friend, neighbor, or relative who is dying or may have already died from this disease. It is also possible that with the current advancements in medical treatment, you may have an HIV-infected student in your classroom. Imagine for a moment that this is true. How do you think this knowledge would impact your instruction on the topic of AIDS? If you knew the identity of the child, how comfortable would you be giving the child a hug at the end of the day? If the child had a fall on the playground and was bleeding, do you know what precautions to take which would enable you to assist the child calmly and safely?

Due to the tremendous stigma which surrounds this disease, a child with HIV/AIDS may have been told not to discuss his or her diagnosis with anyone at school. This overwhelming need for confidentiality unfortunately deprives the child of much-needed emotional support—support that is routinely provided to other children who are physically or emotionally challenged. For this reason, it is imperative that the instructor discuss the topic of HIV/AIDS with sensitivity and compassion.

II. HIV LEGISLATION—IMPLICATIONS FOR SCHOOLS

§ 15-716. Instruction on acquired immune deficiency syndrome; department assistance

A. Each common, high and unified school district shall provide instruction to kindergarten programs through the twelfth grade on acquired immune deficiency syndrome and the huyman immunodeficiency virus.

B. Each district is free to develop its own course of study for each grade. At a minimum, instruction shall:

1. Be approrpiate to the grade level in which it is offered.
2. Be medically accurate.
3. Promote abstinence.
4. Discourage drug abuse.
5. Dispel myths regarding transmission of the human immunodeficiency virus.

C. No district dhall include in it s course of study instruction which:

1. Promotes a homosexual life-style.
2. Portrays homosexuality as a positive alternative life-style.
3. Suggest that some methods of sex are safe methods of homosexual sex.

D. At the request of a school district, the department of health services in conjunction with the deprtment of education shall review instruction materials to determine their medical accuracy.

E. At the request of a school district, the department of education shall provide the following assitance:

1. A suggested course of study.
2. Teacher training.
3. A list of available firms and other teaching aids.

F. At the request of a parent, a pupil shall be excused from instruction on the acquired immune deficiency syndrome and the human immunodeficiency virsu as provided in subsection A of this section. The school district shall notify all parents of their ability to withdraw their child from the instruction.

Added by Laws 1991, Ch. 269, § 1.

Historical and Statutory Notes

1991 Reviser's Note:

Pursuant to authority of § 41-1304.02, in subsection C, paragraphs 1 and 2, the spelling of "life-style" was corrected and in subsection F, first sentence the second "the" was transposed to follow "on".

SOURCE: West's Arizona Education Code 1991, West Publishing Co., St. Paul, MN.

QUESTIONS AND ANSWERS CONCERNING § 15-716

1. **In one sentence, what does this bill mandate?**

A. HIV/AIDS education in grades kindergarten through twelve in all public schools in Arizona.

2. **When does this law go into effect?**

A. September 21, 1991.

3. **Does this mean that school districts must have an HIV/AIDS education program in place by September 21, 1991?**

A. No. School districts need to be aware of the mandate, and working toward putting an appropriate program into place. Many already have a strong HIV/AIDS education program.

4. **How much time must be devoted to HIV/AIDS education at each grade level?**

A. This is left to the discretion of the individual school districts.

5. **Does the state have a mandated HIV/AIDS curriculum that schools must follow?**

A. No. § 15-716 specifically says that each school district is free to develop its own course of study.

6. **Where can a school district get help in developing its own course of study?**

A. The Arizona Department of Education (ADE), Comprehensive Health Unit. There are two HIV Education Specialists to assist in curriculum, training and teaching resources.

7. **Is there "AIDS money" like there is "drug money" to assist the schools in developing programs?**

A. Not as such. There is no "AIDS money" that can go directly to schools. However, all teacher training and materials provided by ADE are free to schools.

8. **Is there "state money" involved in HIV/AIDS education?**

A. NO. The two HIV Education Sp[ecialists and their clerical person are paid by the federal government through a continuing agreement with the Centers for Disease Control.

9. **Who will teach HIV/AIDS education in the schools-does this mean hiring another staff member?**

A. HIV/AIDS education can be taught by classroom teachers, by health educators, school nurses, teachers of science, economics-any discipline. It does not necessitate hiring additional staff.

10. **How does a teacher become qualified to teach HIV/AIDS education?**

A.. The HIV Education Specialists at ADE will be conducting one- and two-day trainings at various locations throughout the state during the next six months.

11. **Things about AIDS keep changing-treatments, how it is contracted, who can get it-how do I get the latest information?**

A. The Centers for Disease Control's National AIDS Hotline (1-800-342-AIDS) offers 24 hour service, seven days a week to respond to any questions you might have. The service is available in Spanish (1-800-344-SIDA) and for the hearin impaired (1-800-AIDS-TTY).

For free publications and posters call the National AIDS Information Clearinghouse (1-800-458-5231).

The Arizona Department of Health Services in conjunction with the Arizona Department of Education will be happy to review school educational programs for medical accuracy.

12. **There is no money in my school budget for AIDS education. How can I get videos, visual aids, and other materials to use in classrooms?**

A. The ADE Program Review Committee on HIV has previewed numerous videos and books this summer for medical accuracy, age appropriateness and quality of presentation. Several were highly recommended, and will be available on a free, time-limited loan basis, through the new Arizona Prevention Resource in Tempe, Arizona. (602-965-9666). Since HIV disease can be acquired through intravenous drug use, federal chemical abuse prevention funding may be used if HIV instruction relates to drugs and drug addiction, decision-making and risk-taking; stress management techniques; assertiveness and self-esteem building.

13. **Why did the legislative mandate include children as young as kindergarten to receive HIV/AIDS education?**

A. Ideally, HIV/AIDS would be taught within a context of a comprehensive health program, and beginning with kindergarten lays a foundation for basic good health practices.

14. **Exactly what can you teach a child about HIV/AIDS at age five or six?**

A. Very young children are taught about general good hygiene-hand washing, covering mouth or nose when sneezing or coughing, etc. Examples of AIDS-specific instruction would be not touching someone else's blood, what to do when there is an injury (call the nurse or other adult).

15. **When do you start teaching about sex, homosexuals, drugs and condoms?**

A. This is at the discretion of the school district. Many districts will choose to teach abstinence only, from both drugs and sex. Other districts will introduce the topics listed above as they become appropriate to their curriculum.

16. **If the state doesn't mandate a curriculum, and it's at the discretion of the individual school district, who in that school district can have input?**

A. Most school districts have a committee representing faculty, school board, parents and community-at-large who determine the needs of their community. There are many sample programs from the most conservative to the most liberal to use as a guide, in addition to the K-5 and 6-12 guides developed by ADE.

17. **May a parent opt to have a child excused from HIV instruction in the school?**

A. Yes, this is provided in an amendment to § 15-716.

H.B. 2126—CRITERIA AND PROCEDURES FOR NOTIFICATION OF SCHOOL DISTRICTS OF HIV-INFECTED STUDENTS

This bill mandated that the Arizona Department of Health Services (ADHS), in consultation with the State Superintendent of Public Instruction, establish criteria to be used in deciding whether to notify a local school district when a student in the district has tested positive for the Human Immunodeficiency Virus (HIV), which causes AIDS. These criteria are now part of the ADHS Communicable Disease Adopted Rules, Chapter 6, Articles 1, 6, and 7.

In summary, the rule dictates that the local health department shall notify the school district superintendent that a pupil has been reported as a case, suspect case, or suspect carrier of HIV, when all of the following criteria have been met.

1. The infected pupil places others in the school setting at risk for HIV infection.

   This does not mean the health department is obligated to inform the local school district about every child known to be infected. If the child's primary physician, in consultation with a state or local health officer and the child's parent(s) or guardian, determines the child poses no unusual risk, i.e., no open sores, aggressive behavior such as biting, etc., notification of the school district would only occur if the parent or guardian wishes to do so.

   The rationale for this decision is that there is no evidence to support casual transmission of HIV. Family members caring for loved ones in the later stages of disease have not become infected, even after continuous exposure to saliva, perspiration, tears, vomitus, feces, and urine. Blood is the primary concern in the school setting, and with proper use of universal precautions when handling blood, HIV transmission can be avoided.

2. The school district has established a communicable disease policy which states that:

   a. infected students shall not be excluded from school or school functions solely because they are HIV infected.

   b. decisions regarding the educational setting for HIV-infected pupils shall be made on a case-by-case basis by the school district superintendent, the pupil or parent or legal guardians of a minor student, the pupil's physician, and the local health officer.

   The school superintendent may choose to include the following people only, in the decision-making process: the school administrator, school nurse, and principal teacher or counselor.

c. School personnel informed of the pupil's HIV status must keep this information totally confidential.

d. School personnel must comply with "universal precautions" for the prevention of HIV, Hepatitis B Virus, and other bloodborne pathogens. (See Appendices C for a complete review of universal precautions.)

e. Educational programs about HIV disease shall be provided to pupils, parents, and school personnel through age-appropriate curricula, workshops, or in-service training sessions.

3. Schools will be notified if the pupil, parent, or legal guardian of a minor child have provided written consent for disclosure of the child's infection status or the Director of the State Health Department has provided written notice that parental consent has been refused but notification is necessary due to the risks posed by the pupil to others in the school setting.

SAMPLE PARENTAL NOTIFICATION LETTER

Dear Parent or Guardian:

In response to the growing threat of HIV disease to our population, the 1991 Arizona State Legislature passed § 15-716, mandating K-12 HIV Education in all public schools. The ____________________ School District has developed (or adopted) an appropriate program with the assistance of parents, educators, and community leaders.

A meeting(s) will be held on ________ (day of week), __________ (month, day, and year), from _________ (time) to _________ at ______________________ (place) to provide parents with an opportunity to preview the HIV Education Program. All instructional materials will be available for your inspection.

If you wish to excuse your child from instruction on HIV/AIDS, please put this request in writing so that we have verification of your wishes on file.

We look forward to seeing you and discussing this important topic with you.

Sincerely,

(School Principal or District Superintendent)

III. CONSIDERATIONS FOR THE DEVELOPMENT OF A COMPREHENSIVE HIV EDUCATION PROGRAM

CONSIDERATIONS FOR THE DEVELOPMENT OF A COMPREHENSIVE HIV EDUCATION PROGRAM

While this manual was designed to assist schools in their HIV Education efforts, the Department of Education is keenly aware that many school districts may wish to develop educational materials which more closely reflect the values and culture of their local communities. The Department of Education supports you in this process, and hopes you will find the resource section in the appendices helpful.

As our staff researched materials in preparation of this guide, they found the following: "Considerations for the Development of a Comprehensive HIV Education Program." Many of the items are from a document developed by the Centers for Disease Control to assist us all in evaluating the quality of any educational materials we produce or purchase. We found this tool extremely helpful in our evaluation process and hope you will also!

A. Program Planning

	Yes	No	Partial	N/A
• Are the following groups involved in developing and implementing an HIV education program for students?				
parents?	☐	☐	☐	☐
public health and mental health professionals?	☐	☐	☐	☐
community representatives?	☐	☐	☐	☐
teachers and administrators?	☐	☐	☐	☐
• Is there at least one class session on HIV provided each year beginning with kindergarten?	☐	☐	☐	☐
• Are teaching materials approved for medical accuracy by the ADHS or another recognized medical authority on HIV disease?	☐	☐	☐	☐
• Are parents/guardians offered an opportunity to review materials during an evening or weekend presentation at least one month prior to teaching about HIV disease in the classroom?	☐	☐	☐	☐
• Is a parent or guardian allowed to withdraw a student from instruction if he/she has submitted a written objection?	☐	☐	☐	☐
• Is the instructional program culturally sensitive?	☐	☐	☐	☐
• Does the language used in the instructional materials represent the language of the community?	☐	☐	☐	☐
• Is the HIV instruction implemented as an integral part of a comprehensive K-12 health education program?	☐	☐	☐	☐
• Is training, including current facts and skills for teaching HIV provided for those responsible for teaching the HIV curriculum?	☐	☐	☐	☐

	Yes	No	Partial	N/A
• Has a district employee been designated as responsible for updating the material as new information about the disease emerges?	☐	☐	☐	☐
• Is there a plan for conducting a program evaluation?	☐	☐	☐	☐
B. Tone of Materials				
• Does the content promote overall wellness and prevention of health risk behaviors?	☐	☐	☐	☐
• Does the material stress that an individual's behavior is the key to prevention of HIV disease and that preventative behaviors can be learned?	☐	☐	☐	☐
• Are the materials ethnically and racially balanced? Are people of color depicted as empowered characters?	☐	☐	☐	☐
• Is the content aimed at reducing children's anxiety about "getting" and/or interacting with persons with HIV disease?	☐	☐	☐	☐
• Does the material identify and refute myths about HIV disease and people who are infected?	☐	☐	☐	☐
C. Teachability–**Print Materials and Curricula**				
1. Teacher's Guide				
• Is a scope and sequence chart offered?	☐	☐	☐	☐
• Do the materials provided give clear guidance as to grade levels recommended for each activity or lesson?	☐	☐	☐	☐
• Is the time needed to teach the curriculum adequate and realistic?	☐	☐	☐	☐
• Are objectives/learning outcomes established?	☐	☐	☐	☐

	Yes	No	Partial	N/A
• Are there activities leading to fulfillment of each learning objectives?	☐	☐	☐	☐
• Are there specific objectives regarding reduction of anxiety about HIV disease?	☐	☐	☐	☐
• Are objectives age-appropriate?	☐	☐	☐	☐
• Are objectives clearly stated and easily understood by teachers and students?	☐	☐	☐	☐
• Does the material contain a guide or notes for the teacher?	☐	☐	☐	☐
• Does the teacher's guide emphasize **how** to teach AIDS as well as background facts about AIDS?	☐	☐	☐	☐
• Does it contain a section on typical questions from children of different ages and possible age-appropriate responses?	☐	☐	☐	☐
• Are any reproducible materials included for distribution to students?	☐	☐	☐	☐
parents?	☐	☐	☐	☐
• Is a sample letter to parents/guardians regarding the content and learning objectives included?	☐	☐	☐	☐
• Are additional activities or resources provided for:				
special education students?	☐	☐	☐	☐
English Second Language (ESL) students?	☐	☐	☐	☐
visual or hearing impaired students?	☐	☐	☐	☐
• Is an age-appropriate glossary of new vocabulary included?	☐	☐	☐	☐
• Is a bibliography included?	☐	☐	☐	☐
• Are measurable objectives stated for each grade level or activity?	☐	☐	☐	☐

	Yes	No	Partial	N/A
• Is an evaluation plan or instrument contained in the curriculum?	☐	☐	☐	☐
2. Student Activities				
• Are activities varied and designed to actively involve the learner?	☐	☐	☐	☐
• Do the lessons relate directly to the goals of preventing the spread of HIV disease?	☐	☐	☐	☐
• Are activities for skill-building included in the program?	☐	☐	☐	☐
• Are activities in the following skill areas included:				
Refusal skills?	☐	☐	☐	☐
Assertiveness?	☐	☐	☐	☐
Decision-making?	☐	☐	☐	☐
Communicating with friends, families, and parents?	☐	☐	☐	☐
Self-control?	☐	☐	☐	☐
• Do activities allow for practice in applying new skills to a variety of situations?	☐	☐	☐	☐
• Does the material encourage children to ask questions and express fears?	☐	☐	☐	☐
• Do activities/lessons promote compassion toward individuals struggling with life-threatening illness?	☐	☐	☐	☐
• Does the material promote respect for self and others?	☐	☐	☐	☐
• Do the activities respect the privacy of students and their families?	☐	☐	☐	☐

	Yes	No	Partial	N/A
• Is the content personalized? Are the "people behind the statistics" brought to life through video tape or other supplemental activities?	☐	☐	☐	☐
• Is there sufficient instructional material to cover basic information at each grade level?	☐	☐	☐	☐
• Is the instructional material presented in outline form in adequate detail for easy teaching?	☐	☐	☐	☐
• Is medical terminology used for body parts and bodily functions?	☐	☐	☐	☐
• Are lessons/activities developmentally appropriate for intended age groups, including:				
Vocabulary and reading level?	☐	☐	☐	☐
Absence of complex graphs, charts, pictures at lower grades?	☐	☐	☐	☐
Discussion of abstract issues (ethics, legal, and financial problems) confined to mid-upper grades?	☐	☐	☐	☐
Increasing opportunity for discussion and small group interaction and peer education?	☐	☐	☐	☐
• Do lessons encourage complimentary out-of-classroom activities (parent interaction, community research)?	☐	☐	☐	☐
• Are activities free of sexual and racial bias and stereotyping?	☐	☐	☐	☐

D. Teachability–**Audiovisual Resources**

• Is the program of realistic time length for the classroom?	☐	☐	☐	☐
• Is a specific age range or grade suggested as an appropriate target audience for this material?	☐	☐	☐	☐

	Yes	No	Partial	N/A
• **Is the audiovisual program developmentally appropriate for the age recommended?**	☐	☐	☐	☐
• **Will the format, style, and pace be of interest to the students for whom it was designed?**	☐	☐	☐	☐
• **Are children/young people of approximately the same age as the intended audience (or slightly older) portrayed?**	☐	☐	☐	☐
• **Are negative stereotypes about people absent from the program, including factors such as age, race, gender, sexual orientation, occupation, religion, and economic class?**	☐	☐	☐	☐
• **Is the program visually interesting?**	☐	☐	☐	☐
• **Is music used to add interest and depth to the program?**	☐	☐	☐	☐
• **Is a teacher's guide provided?**	☐	☐	☐	☐

E. Content

1. **Early Elementary**

Are the following concepts included?

- Communicable and non-communicable diseases:

• Some diseases are communicable; they can be passed from one person to another (cold, strep throat, flu, chicken pox).	☐	☐	☐	☐
• Some diseases are not communicable; they cannot be passed from one person to another (allergies, diabetes, heart disease).	☐	☐	☐	☐
• Viruses are living organisms too small to be seen by the unaided eye.	☐	☐	☐	☐
• Some viruses can cause disease among people.	☐	☐	☐	☐

	Yes	No	Partial	N/A
• Airborne viruses cause illnesses such as cold and flu. Airborne viruses are easy to get. Bloodborne viruses are hard to get. AIDS is caused by a bloodborne virus.	☐	☐	☐	☐
• Reassurance: AIDS is a disease that is causing some adults to get very sick, but it does not commonly affect children.	☐	☐	☐	☐
• HIV disease is very difficult to get. You cannot get it just by being near or touching someone who has it.	☐	☐	☐	☐
• Scientists all over the world are working hard to find a way to stop people from getting HIV infection and to cure those who have it.	☐	☐	☐	☐
• There are many ways to prevent the spread of diseases. Hand-washing is an important way to help prevent the spread of airborne viruses. You will learn different ways to prevent the spread of diseases as you grow.	☐	☐	☐	☐

2. **Late Elementary**

Are the following concepts included in addition to those listed for early elementary?

• Viruses can be transmitted from an infected person to an uninfected person through various means.	☐	☐	☐	☐
Background:				
AIDS is an abbreviation for acquired immune deficiency syndrome.	☐	☐	☐	☐
• AIDS is caused by a virus that weakens the ability of infected individuals to fight off disease.	☐	☐	☐	☐
• Viruses are among the organisms that can cause disease among people.	☐	☐	☐	☐

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	Yes	No	Partial	N/A
• HIV is primarily transmitted in blood, semen, and vaginal secretions.	☐	☐	☐	☐
• AIDS is caused by a bloodborne virus called HIV (human immunodeficiency virus) and can be transmitted through sexual activity and needle-sharing.	☐	☐	☐	☐
• The AIDS virus (HIV) can be transmitted by sexual contact with an infected person, by using needles, and other injection equipment that an infected person has used, and from an infected mother to her infant.	☐	☐	☐	☐
• HIV cannot be caught by touching someone who is infected, by being in the same room with an infected person, or by donating blood.	☐	☐	☐	☐
Natural History:				
It sometimes takes several years after becoming infected with HIV before symptoms of illness appear. Thus, people who are infected with the virus can infect other people through sex or needle-sharing–even though the people who transmit the infection do not feel or look sick.	☐	☐	☐	☐
• Persons infected with HIV may or may not have any signs or symptoms of disease. As far as we know, they will have the virus for the rest of their lives.	☐	☐	☐	☐
• People who are HIV-infected, often develop a rare type of severe pneumonia, a cancer called Kaposi's sarcoma, or certain other diseases that healthy people normally do not get.	☐	☐	☐	☐
• About 1 to 1.5 million of the total population of approximately 240 million Americans currently are infected with HIV and consequently are capable of infecting others.	☐	☐	☐	☐

	Yes	No	Partial	N/A
• People who are infected with HIV live in every state in the United States and in most other countries of the world. Infected people live in cities as well as in suburbs, small towns, and rural areas. Although most infected people are adults, some children have also become infected. Females as well as males are infected. People of every race are infected.	☐	☐	☐	☐
Antibody Blood Test:				
• In the past, medical use of blood, such as transfusing blood and treating hemophiliacs with blood clotting products, has caused some people to become infected with HIV. However, since 1985 all donated blood has been tested to determine whether it is infected with HIV; moreover, all blood clotting products have been made from screened plasma and have been heated to destroy any HIV that might remain in the concentrate. Thus, the risk of becoming infected with HIV from blood transfusions and from blood clotting products after 1985 has been virtually eliminated.	☐	☐	☐	☐
• The blood tests used for detecting HIV are low cost, effective tests which detect antibodies to HIV. They can be done at health department sites, through private physicians, Planned Parenthood clinics and through some drug treatment centers.	☐	☐	☐	☐
Prevention:				
• The risk of becoming infected with HIV can be virtually eliminated by not engaging in sexual intercourse and by not using illegal intravenous drugs and sharing drug injection equipment.	☐	☐	☐	☐
• Persons who continue to engage in drug use should refrain from sharing needles or other injection equipment and should learn to sterilize equipment if they do share.	☐	☐	☐	☐

	Yes	No	Partial	N/A
• Sexual transmission of HIV is not a threat to those uninfected individuals who engage in mutually monogamous sexual relations.	☐	☐	☐	☐
• Behavior that prevents exposure to HIV also may prevent unintended pregnancies and exposure to the organisms that cause other sexually transmitted diseases such as chlamydia infection, gonorrhea, herpes, genital warts, and syphilis.	☐	☐	☐	☐
• Persons who believe they may be infected with HIV should take precautions not to infect others and to seek counseling and antibody testing to determine whether they are infected. If persons are not infected, counseling and testing can relieve unnecessary anxiety and reinforce the need to adopt or continue practices that reduce the risk of infection.	☐	☐	☐	☐

4. **High School**

	Yes	No	Partial	N/A
• Are all of the earlier concepts included or already covered in this program by senior high?	☐	☐	☐	☐

Natural History:

	Yes	No	Partial	N/A
• Does the material explain the natural history of HIV infection from transmission and infection to asymptomatic and symptomatic conditions?	☐	☐	☐	☐
• Does the material describe opportunistic disease and the effects of illness on body systems?	☐	☐	☐	☐

Prevention:

	Yes	No	Partial	N/A
• Is there content on evaluating sources of credible information on HIV disease for credibility?	☐	☐	☐	☐

	Yes	No	Partial	N/A
• Does the material analyze the meaning of relative risk? Does the material emphasize that risk of HIV transmission ranges from risk-free to very dangerous behaviors?	☐	☐	☐	☐

IV. SUGGESTED SCOPE AND SEQUENCE FOR HIV/AIDS EDUCATION

Grades K–12

SUGGESTED SCOPE AND SEQUENCE FOR HIV/AIDS PREVENTION EDUCATION K-12*

This section identifies the HIV/AIDS specific information that is **introduced** (I), **emphasized** (E), and **reviewed** (R) at the appropriate grade levels. The concepts emphasized form the basis for the objectives in the lesson plans.

CONCEPT	GRADE LEVEL												
	K	1	2	3	4	5	6	7	8	9	10	11	12
1. HIV infection is a serious disease.	I	E	E	E	R	E	R	R	R	R	R	R	R
2. HIV is not transmitted by casual contact.	I	E	E	E	E	E	R	E	R	R	R	E	R
3. Saying no assertively can help students avoid risky situations.	I	E	E	E	E	E	E	R	R	R	R	R	R
4. People should respect other people's decisions to say "no."	E	E	E	E	E	E	R	R	R	R	R	R	R
5. People with HIV/AIDS should be treated in a supportive manner.	I	R	E	E	E	E	R	R	R	R	R	R	E
6. Syringes, needles, knives, and razors can be used to transmit infected blood.	I	R	R	R	R	R	R	R	E	R	R	R	R
7. Distinguish between facts and myths about HIV/AIDS.	I	R	I	R	R	R	E	E	R	R	R	R	R
8. Identify resource people and/or agencies for more information about HIV/AIDS.							R	R	R	R	R	R	R
9. HIV can be transmitted by blood.	I	R	R	E	E	E	R	R	R	R	R	R	R
10. AIDS is caused by a virus.					I	E	E	R	R	R	R	R	R
11. People infected with HIV can infect others.					I	R	R	R	R	R	E	R	R
12. HIV destroys the immune system.					I	R	E	R	R	R	R	R	R

SUGGESTED SCOPE AND SEQUENCE FOR HAV/AIDS PREVENTION EDUCATION K-12* (continued)

CONCEPT	GRADE LEVEL												
	K	1	2	3	4	5	6	7	8	9	10	11	12
13. Personal decisions regarding behavior can reduce or eliminate the risk of being infected by HIV.					I	E	E	R	E	E	E	E	E
14. Abstaining from sharing needles is one way to stop HIV transmission.					I	E	R	R	R	R	R	R	R
15. Abstinence from sexual intercourse is the only 100% protection from the sexual transmission of HIV.						I	E	E	E	E	E	E	E
16. Abstaining from sexual intercourse and not sharing needles are the best protections from HIV.						I	E	E	E	E	E	E	E
17. HIV can be transmitted through three body fluids: blood, semen, and vaginal fluids.						I	E	R	R	E	E	E	E
18. HIV can be transmitted through sexual intercourse.						I	E	R	E	R	R	R	R
19. HIV can be transmitted by an infected mother to her unborn baby.							I	R	R	R	R	R	E
20. HIV can infect all people.							I	E	R	R	R	R	R
21. There may or may not be signs and symptoms of infection with HIV.							I	R	R	E	E	R	R
22. There is no cure or vaccine for HIV.							I	R	R	R	R	E	R
23. Understanding the acronyms HIV and AIDS and the HIV spectrum are important to understanding the disease process involved.								I	E	R	R	R	R

SUGGESTED SCOPE AND SEQUENCE FOR HAV/AIDS PREVENTION EDUCATION K-12* (continued)

CONCEPT	GRADE LEVEL												
	K	1	2	3	4	5	6	7	8	9	10	11	12
24. The blood supply in the United States is almost completely safe.								I	R	R	R	R	R
25. There are more people who are infected with HIV than have AIDS.									I	R	E	R	R
26. An exclusive monogamous relationship with an uninfected partner eliminates the risk of transmitting HIV sexually.										I	R	R	E
27. People can be tested for HIV antibodies.												I	E
28. The HIV antibody test results can be used in making decisions about the future.													E

*Lessons are included for Grades 6–12 only. (one original only)

V. SAMPLE LESSON PLANS

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KINDERGARTEN—FIRST GRADE

LENGTH OF ACTIVITY: This segment can be divided into two to three 15-minute lessons.

CONCEPT: There are some diseases that are communicable and some that are noncommunicable.

OBJECTIVE(S): By the end of these activities each student will be able to:

1. Explain at least three ways germs can get inside the body.
2. Demonstrate at least three ways we can prevent the spread of germs.
3. Identify at least two diseases that can be spread from one person to another.
4. Identify at least two diseases or health challenges which cannot be spread from one person to another.
5. State one way a person could get infected with the germ that can cause AIDS and two ways you cannot get infected with the AIDS germ.

OPTIONAL BOOK: Come Sit By Me!

This book is available for free preview from the Arizona Prevention Resource Center. For details refer to Appendices G: Resource Materials Guide.

MATERIALS REQUIRED:

Small spray bottle with clear water in it

Chalkboard

Chalk

A picture of a microscope

A large picture(s) of germs

A stickpin or tack

Home Extension Activity Sheet for each child

PREPARATION:

Before class begins, fill your spray bottle with water and set it so that the water comes out in a mist (to simulate a sneeze!). Then draw two large figures on the chalkboard, side by side, with enough room between them so that you can later draw lines from one "person" to the other.

CONTENT AND SUGGESTED DISCUSSION/ACTIVITIES:

Activity 1

1. Ask the students if any of them has ever been sick. Call on them by name and ask them if they know the name of the disease that made them sick.
2. Write down the name of each health challenge mentioned on the chalkboard. Number them, and place the number of each health problem inside one of the figures you drew earlier, even if one of the children says something like "broken arm."
3. Tell the students that many times what causes us to be sick are germs.
4. Ask the students what they know about germs. Clarify any misconceptions by explaining that germs are so small they can only be seen with special tools, such as a microscope.
5. Show a microscope, or a picture of one, to the students. Show them what germs look like under a microscope, e.g., a small sample of food from a child's mouth.
6. Explain that the germ they just saw in the picture or under the microscope is so very tiny that it can fit on the head of a pin—with lots of other germs to keep it company! Explain that many germs make us sick with diseases such as colds, flu, chicken pox, and measles. Explain that we get sick when bad germs enter the body through openings, such as the eyes, mouth, ears, or even through cuts or injuries to our skin. We can catch these diseases from other people. Ask the students if they can figure out how other people spread germs. List them.

   Germs can be spread:

1. **When we sneeze or cough.** Using the spray bottle, make believe you are about to sneeze. When you finally go "A-Choo!" spray a few of the children with a slight mist from the bottle. Ask the children how they feel when someone sneezes on them. Remind them that this is one way diseases spread from one person to another. Ask them if someone in their family has ever been sick first, but before long, everyone or almost everyone else in the family becomes ill too.
2. **When we share items that someone has been eating or drinking from, such as a glass, straw, or food.**
3. **When we put our mouth where another person has put his or hers, such as on pencils, toys, or pens.**
4. **By touching things that have germs on them, such as dirty hands, toys, pens, and pencils.**
5. **By touching other people's blood.**

Activity 2

1. **Ask the children if they have ever heard of a disease called AIDS.** Place the word "AIDS" on the chalkboard with the other diseases, number it and add the number within the drawing on the chalkboard, as you did with the other health problems.

2. Ask the children what they have heard about AIDS. Correct any misinformation, and emphasize these key points:

   a. **AIDS is hard to get.**

   b. **You cannot get AIDS from:**

   - **sharing a glass with someone who has AIDS,**
   - **sneezes or coughs,**
   - **touching or hugging,**
   - **using the toilet, or**
   - **drinking from a drinking fountain.**

   NOTE: If a child asks how you DO get it, you can tell them that some people have gotten AIDS from infected blood and that some people have gotten AIDS by sharing needles to put harmful drugs in their bodies.

   It is important to mention that sometimes we have to have a shot or take medicine from a needle. Ask the children if any of them has had a shot. When they all indicate they have, reassure them that they cannot get AIDS this way. Some of the children may be diabetic or know someone who takes insulin or other medication and, again, we want to assure them that this is helping that person to stay well.

   c. **Very few children have AIDS.**

   If someone asks how do children get it, you can say that most children who have this disease got it from their mothers when they were born. Some mothers wanted to have a baby very much and did not know they had the germs that cause AIDS in their bodies.

   d. **There is one way anyone can get AIDS—from infected blood.**

   Inform the children that blood also contains other germs that can make people sick. It is very important that they not touch the blood of anyone, not even if it is their friends' blood or from someone in their family. Ask the children if they know what to do if someone is

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bleeding and needs help. If an adult is close by, yell for help. If the person is really in pain or sick, call "911" and tell the person who answers what is happening. Instruct the children never to pick up syringes or any sharp objects that could have blood on them.

e. **Reassure them that doctors are working very hard to find a cure for this serious disease and also ways to help people with AIDS feel better.**

Activity 3

1. Explain to your students that not all diseases are spread by germs. Some diseases are caused by a problem in the body where a body part does not work the way it is supposed to.

2. Ask students if they know any examples of such problems and list them. Some examples might be:

   a. When a person has allergies, his or her body is very sensitive to certain things such as dust, pollen, chemicals in soaps or even some foods. This kind of a disease is not caused by the spread of germs.

   b. If a person has a heart problem, his or her heart does not work properly, but the problems are not caused by the spread of germs.

   c. Cancer is another disease which cannot be passed from one person to another.

3. Review with the students what they have learned as follows:

   a. Go back to the chalkboard and refer back to your drawing of a child with various diseases indicated inside. Go through the list and ask the children if each one of the diseases can be passed from one person to another.

   Emphasize that while AIDS is a disease which can be spread from one person to another, it is very hard to get. Remind them that they need to be careful around blood and "sharps"–needles, syringes, etc.

   b. Pose the following review questions:

      (1) Let's imagine for a minute that your next-door neighbor tells you he has heart disease. He wants you and your family to come over to his house to celebrate his birthday. Can you catch this disease from him?

      (2) You and a friend are playing in the park and you get really thirsty. Your friend warns you not to drink out of the drinking fountain because you could get AIDS. Is your friend right?

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WHAT HAVE YOU LEARNED?

1. **What is a germ?**
   (A germ is a very small thing that we cannot see that can cause disease.)

2. **How can germs be spread?**
   (Germs can be spread by coughing or sneezing, by sharing items that have been in another person's mouth, by touching things that have germs on them, and through contact with infected blood. Germs are spread when they enter any openings in our bodies.)

3. **Give two examples of diseases which CAN be spread from one person to another.**
   (cold, flu, chicken pox, measles, etc.)

4. **Give two examples of diseases which CANNOT be spread from one person to another.**
   (cancer, heart disease, allergies, etc.)

5. **State three ways you can prevent the spread of germs.**

HOME EXTENSION ACTIVITY SHEET

Tell the children you are very pleased with what they learned today and you would like them to share this information with their parents or guardians. Ask them to take the activity sheet home. (Page 33 in this manual.) Review their assignment.

HOME EXTENSION ACTIVITY:

Dear Parent or Guardian:

Your child has been studying about the ways germs are spread. The following methods of spreading germs were discussed:

a. By coughing or sneezing;

b. By sharing items that were in another person's mouth (glasses, foods, straws, etc.);

c. By touching things that have germs on them (toys, pencils, another person's hands); and

d. Through contact with blood.

The children were also taught that some diseases are spread by "germs", i.e., colds, flu, chicken pox, measles, etc., and others are not, such as heart disease, diabetes, allergies. AIDS was also discussed and the following points were emphasized:

1. AIDS is hard to get. (from a child's perspective)
2. You cannot get AIDS from:
    - sharing a glass with someone,
    - sneezes or coughs,
    - touching or hugging,
    - using a toilet, or
    - drinking from a drinking fountain.
3. Very few children have AIDS.
4. There is one way anyone can get AIDS–from infected blood.

The children were instructed that they should not touch another person's blood, even if it's someone they know and love. We reviewed basic first aid and when it would be appropriate to call 911. The children were also advised not to pick up "sharps", i.e., broken glass or syringes.

The assignment for your child is to draw a picture showing one of the ways that germs are spread, or how a person can prevent the spread of germs.

KINDERGARTEN—FIRST GRADE

LENGTH OF ACTIVITY: This segment can be divided into two to three 20-minute lessons.

CONCEPT: Communicable diseases can be prevented by taking measures to prevent the spread of germs. Such measures may include washing hands, covering the mouth while coughing, and using tissues when coughing or sneezing.

OBJECTIVE: By the end of this activity, each student will be able to:

1. Indicate two ways to prevent the spread of germs.
2. State two ways you CANNOT become infected with the virus that causes AIDS.

MATERIALS REQUIRED FOR THIS ACTIVITY:

Small spray bottle with clear water in it

A small piece of cloth or facial tissues

PAM or bottle of vegetable oil

Ground cinnamon

Home Extension Activity Sheet

OPTIONAL VIDEO: ***Thumbs Up for Kids***

This video is available for free preview from Arizona Prevention Resource Center. For details refer to Appendices G: Resource Materials Guide.

PREPARATION:

Before class begins, fill your spray bottle with water and set the nozzle so the water comes out in a mist (to simulate a sneeze!).

CONTENT AND SUGGESTED DISCUSSION/ACTIVITIES

Activity 1

Review the way that germs are spread:

1. **Germs are spread through the air when we sneeze or cough.**
   - a. Demonstrate the spray of "germs" by misting several of the students with water.
   - b. Ask the students what they could do to prevent the spread of germs in this way. (Use a tissue or cover your mouth with your hand.)
   - c. Demonstrate the difference by covering the nozzle of the spray bottle with a tissue and spraying again.

2. **Germs are spread by sharing items that were in another person's mouth.**

   Ask the students, "How can we prevent the spread of germs in this way?" (Do not put food, cups, straws, silverware, toys, pens, pencils, etc., in our mouths after they have been used by others—including our pets!)

3. **Germs are spread by touching things that contain germs and then touching our eyes, ears, or mouth.**
   - a. Inform the class that there is a good way to wash your hands so that you can get rid of any germs that might be on them. Remember, germs are so tiny we cannot see them.
   - b. Demonstrate that warm water and soap is necessary to remove germs. Spray small amounts of PAM or rub a small amount of vegetable oil on each child's hands. Sprinkle cinnamon on hands to represent germs. (Be sure to put enough cinnamon on the hands to cover tops and palms. Have students rub hands together to spread cinnamon on palms, tops of hands and between fingers.)
   - c. Demonstrate that the cinnamon does not come off in cold water alone. Then show how it comes off easily when hands are washed in warm water with soap. If warm water is not available, cold water and soap will do the job, but may simply take a minute longer! Give the children a paper towel each and have them check again to make sure all the cinnamon and oil is off their hands.
   - d. Praise them for an excellent job of preventing the spread of germs!

4. **Germs can also be spread through contact with blood.**

   a. Inform the students that some germs cannot be spread as easily as those we've just talked about; they are hard to pass from one person to another. **One of these germs causes a disease called AIDS.** This is a serious disease, but you don't have to worry about getting this disease at school. AIDS is different from other diseases because you cannot get it by:

      Sneezing;

      Drinking out of the same glass as another person;

      Sitting beside a person in class or on the bus;

      Hugging a person;

      Using the bathrooms or toilets at school;

      Eating in the same cafeteria as other people; or

      Sharing forks, spoons, and other eating utensils.

   b. Explain that "AIDS germs" are spread when the blood from a person with AIDS mixes with another person's blood. So, you should never touch another person's blood. If you do, wash your hands immediately with warm water and soap. If someone gets cut or has a bloody nose, ask a teacher or another grownup for help.

Activity 2

1. Conduct the following brief review and teach the children a song about hand washing.

   a. What should you do when you have to cough or sneeze? (Cover your mouth; use a tissue.)

   b. What should you do when someone offers you a bite of something they are eating? (Say "No, thank you.")

   c. When should you wash your hands?

      (1) before and after meals;

      (2) after going to the bathroom;

      (3) after sneezing or coughing;

      (4) after touching any blood, including your own; and

      (5) after touching anything dirty.

2. Tell the students that you have a song to teach them that will help them to remember how to wash their hands. Sing the following song using the appropriate hand motions. Then have them join you. (This is sung to the tune of "Here We Go 'Round the Mulberry Bush.")

   This is the way we wash our hands, wash our hands, wash our hands,
   This is the way we wash our hands, to get them nice and clean.

   First we turn the warm water on, water on, water on,
   First we turn the warm water on, and then we use the soap.

   Next we scrub our hands real hard, real hard, real hard,
   Next we scrub our hands real hard, and then we dry them off.

   Last we have to dry them off, dry them off, dry them off,
   Last we have to dry them off, and then we are all done!

HOME EXTENSION ACTIVITY SHEET:

Tell the students you would like them to share what they learned with their parent(s) or guardian(s) (refer to page 38). Ask them to show their parent(s), guardian(s), brother(s), or sister(s) the hand washing activity they learned in class.

HOME EXTENSION ACTIVITY

Dear Parent or Guardian:

Your child is learning the proper way to wash hands in order to prevent the spread of germs. One of the points we emphasize is the importance of using warm water and soap. The activity described below will be done in class but may be a fun way for you to reinforce the concept at home!

1. Spray PAM or rub a little vegetable oil on your hands.
2. Sprinkle hands with a little cinnamon.
3. Rub hand together - spreading the cinnamon and oil on palms of hands, tops of hands as well as between fingers.
4. Wash your hands with cold water and observe that there is still oil and cinnamon on your hands. This represents germs!
5. Now wash hands with warm water and soap. Point out how easily the oil and cinnamon come off now.
6. Discuss that washing hands this way also gets rid of germs that can make us sick. Remind them to wash their hands thoroughly before eating anything, after using the toilet, and after handling anything dirty. Challenge older children and other adults living in the home to model this behavior to reinforce your child's learning. We all forget at times, and yet we know that modeling the behavior we want our children to learn is the best teaching method there is.

Thank you for your interest and assistance in your child's learning!

SECOND GRADE—THIRD GRADE

LENGTH OF ACTIVITY: This segment can be divided into four 15-minute lessons.

CONCEPT: Healthy skin helps keep germs out of the body. There are several steps that students can take to become and remain healthy.

OBJECTIVES: By the end of this activity each student will be able to:

1. State at least two ways our bodies keep out germs.
2. Name at least two activities which involve blood that should be avoided to prevent the spread of AIDS or other infections.
3. Identify three things they can do to develop and maintain good health.

MATERIALS REQUIRED:

Balloons (2)

Baster

Clear plastic containers (3)

Food coloring—blue or green

Baking Soda and White Vinegar

Tub to contain liquid

Home Extension Activity Sheet

PREPARATION:

Fill one balloon with water; make several small holes in the other. Fill one container half full of clear water. Fill the other container half full of blue or green water.

CONTENT AND SUGGESTED DISCUSSION/ACTIVITIES:

Activity 1

1. Ask the students if they know of ways their body can keep out germs. Mention that our skin can be excellent protection; also, tears kill germs, stomach acids and even the hairs in our nose keep germs out!
2. Tell the children the balloon keeps the water inside the same way unbroken skin keeps what's inside our body safely in and what's outside our body safely out.

3. Show the children a balloon with small holes in it. Show how the water can get in and out of the holes. Tell children this is how broken skin allows germs (water) to enter. Ask the children for examples of ways skin can be broken (cut, tear, puncture, scrape, picking at scabs).

4. Tell your students that the skin's ability to stretch helps keep it from tearing. This helps us keep germs outside our bodies. Have the children gently pull the skin at their elbows, with their arm outstretched.

   Soft stretchy skin is not as easy to tear as dry skin. Skin oils help keep our skin stretchy and soft. Tell the children to look at their skin and see if it's dry.

5. Talk about what things can cause dry skin, i.e., cold weather or being out in the sun. What can we do to protect our skin? (Dress warmly in cold weather, put lotions on skin, avoid cuts and scraps, clean and cover breaks in skin.)

Activity 2

1. Divide children into two groups. Have each group join hands and form a small circle. Tell children the circles represent the skin on two different bodies. Ask a child from each circle to step into the middle of the circle to represent germs.

2. Now have the children demonstrate how the skin prevents germs from spreading sickness to others. Tell the "germs" to gently attempt to move from their circle to the other. Tell the circles to keep the germs inside.

3. Now have the children make a break in one circle to let their "germ" out. Point out that even though one germ got out of its circle, it can't get into the other circle. Germs cannot enter our bodies because unbroken skin keeps the germs out.

4. Have both circles illustrate broken skin. Allow the "germs" to pass freely from one circle to the other (body to body). Demonstrate how cleaning and bandaging broken skin can help keep germs out.

5. Reassure the students that if germs should get into their bodies, their bodies have germ fighters which work really hard to keep them well. These germ fighters live in their blood and are so small they cannot be seen with the human eye. They are called antibodies.

6. Demonstrate how antibodies work by placing white vinegar into a clear plastic container. Tell the students to imagine that the vinegar is like their bloodstream, full of antibodies ready to fight infection.

7. As you prepare to add baking soda to the vinegar solution, invite the students to imagine that the baking soda particles are "pretend germs" entering the "bloodstream". Add the baking soda and observe the bubbling

action. Tell the students that this is an example of how hard the body works to fight infection.

8. Add additional baking soda granules until the bubbling action begins to subside. Explain that if we do not get enough sleep, eat properly, etc., the antibodies cannot fight germs as well. Also mention that some germs, such as the AIDS virus, prevent the antibodies from working properly. This means people with the AIDS virus can get sick much easier than other people do.

Activity 3

1. Ask the children to return to their desks or to sit around you on the floor. Show the children the two plastic containers, one half-filled with plain water to represent a person with healthy blood and the other half-filled with blue or green water to represent someone whose blood is infected with germs. Show how these "bodies" can play together, sit together, bump into each other, share toys, but the inside germs from one do not reach the other. As long as the infected blood does not get into the blood of the healthy person, the healthy person does not get sick.

2. Pour some clear water into the colored water to demonstrate transfusions. Point out when a person has had an operation or is very sick, they sometimes need more blood to help them get better. People who believe they are healthy give some of their blood to help people who are sick. Receiving this blood is called a transfusion.

3. Pour some of the colored blood into the clear water to demonstrate that certain germs can be passed from person to person through transfusions. Before we found a way to test blood for the germs that cause AIDS, some people gave blood that was infected to other people. These people then became very sick and some of them even died.

4. Caution that certain activities that share blood have a risk of spreading germs, including the germs that cause AIDS. These activities should be avoided:

   a. Becoming a "blood brother" or "blood sister"
   b. Giving myself a tattoo or getting a tattoo from someone that shares or reuses needles.
   c. Piercing one's ears or nose with needles which are shared with someone else—even if they are a close friend. If you have this procedure done in a store, they should use a new needle for each customer. Watch and see if they do!

5. Draw some of the colored water into a clear baster. Empty the baster into the other container. Wipe off the colored droplets on the outside of the baster. Show children the droplets that remain inside. Tell children that

this is how blood can be left on used needles which people use to take illegal drugs. The blood can then spread deadly germs.

6. Remind the children that they should never pick up a syringe or broken glass. Reassure them that medical doctors and nurses never use the same needle twice when we have to have a shot or go into a hospital or clinic for treatment.

Activity 4

1. As a review, have the students state additional ways we can help our bodies stay healthy (washing our hands, brushing our teeth, getting lots of rest, eating healthy foods like vegetables, fruits and grains).

2. Ask the students how many of them know the song, "If You're Happy and You Know It." Tell them that today they are going to learn some special verses to help them remember good health habits.

3. Recite the special verses of the first stanza of the song as indicated below. Then ask the students to sing the stanza with you, and pantomime the motion required in the activity.

If you want to be real healthy, wash your hands.
If you want to be real healthy, wash your hands.
If you want to be real healthy, then you really need to know this,
If you want to be real healthy, wash your hands.

Repeat the same procedure with the following stanzas.

If you want to be real healthy, brush your teeth.
If you want to be real healthy, brush your teeth.
If you want to be real healthy, then you really need to know this,
If you want to be real healthy, brush your teeth.

If you want to be real healthy, get good rest.
If you want to be real healthy, get good rest.
If you want to be real healthy, then you really need to know this,
If you want to be real healthy, get good rest.

If you want to be real healthy, eat good food.
If you want to be real healthy, eat good food.
If you want to be real healthy, then you really need to know this,
If you want to be real healthy, eat good food.

If you're healthy and you know it, clap your hands.
If you're healthy and you know it, clap your hands.
If you're healthy and you know it, then you really ought to show it,
If you're healthy and you know it, clap your hands.

HOME EXTENSION ACTIVITY:

Invite the students to share what they learned today with their parent(s) or guardian(s). Inform them that their assignment at home is to look through some magazines or newspapers for pictures of people doing things that are healthy. Ask them to tape, glue, or paste the pictures onto a piece of paper, and bring it back to class so you can post them around the room. Show the students a collage that you or a former student has made to give them a better idea of the concept. They can use the back of the Home Extension Activity Sheet if they wish.

HOME EXTENSION ACTIVITY

Dear Parent or Guardian:

Today in class we learned ways that skin keeps out germs! We also learned a song that reminds us about simple everyday things we can do to stay healthy, i.e., washing our hands, brushing our teeth, getting sufficient rest, and eating healthy foods like vegetables, fruits, and grains.

We also cautioned them not to participate in activities where there might be an exchange of blood:

1. Becoming a "blood brother" or "blood sister."
2. Giving oneself a tattoo or getting one from someone who reuses needles.
3. Piercing one's ears or nose with a needle that has been used by someone else—even it that person is a friend or relative.

The primary reason for this content is to prevent the spread of the virus that causes AIDS. We also mentioned drug abuse, especially the use of shared needles, as a risk factor for AIDS.

The home activity for today is to assist your child in making a collage of people involved in healthy activities. If you have a few old magazines or newspapers, there should be numerous examples. Simply cut them out and tape, glue, or paste the pictures onto the back of this letter and have your child return it to class tomorrow. I will hang each collage up in the room as a reminder to the children of things they can do to stay healthy. Pictures of health aids are also fine—like toothbrushes, pictures of healthy foods, etc.

Thank you for reinforcing our efforts in the classroom. If you have older children perhaps they can get involved too!

SECOND GRADE—THIRD GRADE

LENGTH OF ACTIVITY: This segment can be divided into two 20-minute lessons.

CONCEPT: Everyone feels sad, afraid or worried at times. This is especially true if they, or someone they care about, is sick or has died. There are things we can do to feel better and things we can do to help people who are sick.

OBJECTIVES: By the end of this activity, each student will be able to:

1. Discuss at least three ways people can reduce worry or fear.
2. Give three reasons why children need not be afraid of getting HIV/AIDS.
3. State two important ways children can prevent getting infected with HIV.
4. Demonstrate at least one way to show caring and concern for people who are sick.

MATERIALS REQUIRED:

Pillow case or large garbage bag labeled "WORRIES" or "WORRY BAG"

Balloons (8)

Dry erase marker

Book: "My name is Jonathan (and I have AIDS)"

Home Extension Activity Sheet

PREPARATION:

Blow up the balloons!

Review the questions and answers about HIV/AIDS in the back of this guide.

CONTENT AND SUGGESTED DISCUSSION/ACTIVITIES:

1. Ask the students, "How many of you have ever worried about ghosts or monsters? About getting lost? Or making mistakes?" Explain that fears and worries are normal emotions, experienced by people of all ages, and that there are steps we can all take to feel better.
2. Tell the students that sometimes a person feels as though he or she is the only one in the world who has a certain worry, but when that person talks about it, he or she finds out that many other people have experienced the feelings—and everyone feels better to know he or she is not alone.

3. Ask,"How do you feel and act when you are worried?" (not hungry, want to sleep, cry easily, won't play, sad, no energy)

4. Explain that sometimes people say, "Don't worry." Is it possible to just "not worry"? Can we just turn off our worries like we turn off a light or the faucet? (not usually)

   Why do people say this to us then? (They are trying to show concern—they want us to be happy and they are trying to show they care. They know that worry is not good for us.)

Activity 1

Conduct the following demonstration to illustrate the way that worry affects our lives.

a. Ask students to list things that children might worry about. As each is mentioned, write it on a balloon, show the students what you have written, and put the balloon in the pillowcase. (Typical responses are: the dark, monsters under the bed or in the closet, getting lost in a mall, dog on the way to and from school, going to the hospital . . . going to the doctor or dentist.)

b. If the students don't mention sickness or going to the hospital, guide their discussion or ask if any of them have ever been afraid of this; write "sickness" or "hospital" on a balloon.

c. When the pillowcase is full of "worries," hold the pillowcase in front of you and pantomime attempts at simple activities such as coloring a picture, hugging someone, playing baseball or soccer, or trying to do a class assignment. Help students understand that if we carry lots of worries around with us, they interfere with the things that we need to do. Thus we need to find ways to let go of the worries that we can't do anything about and change the things that we can.

d. Ask students to suggest ways that we can reduce/eliminate our worries and fears.

   (1) Talk to someone about it.
   (2) Get the facts. (Sometimes we hear a scary noise, but when we turn on the light or listen a bit longer, we realize it is something normal like the air conditioner.)
   (3) Find out what others can do to help (or ask for help).
   (4) Find ways you can reduce the problem. (If there is a scary dog on the way to school, maybe you can walk a different way, or one of your parents could talk to the owner of the dog and ask if the dog can be placed inside when children are walking to and from school, or chained close to the house during these times. The students could also be cautioned not to throw stones or taunt dogs because they are

contributing to the problem and making the dog angry or scared just like they are sometimes.)

e. Apply these guidelines to several of the worries listed on the balloons. When discussing the worry of being sick, ask students what kinds of illnesses they can think of (colds, flu, chicken pox, and measles). If AIDS doesn't get mentioned, include it and ask what the children already know about it. Clear up any misconceptions and stress the following points:

   (1) **AIDS is a new disease.** The reason it is talked about so much is that it has made so many people sick and many have died.

   (2) **AIDS is hard to get.** It is not common in children. Some of the adults and many of the children who have gotten this disease were sick and needed to receive blood to get better. No one knew that the blood was infected with a special kind of germ called a virus. One particular virus causes AIDS. Now we have a way to make our blood a lot safer in the hospital. Other children were born with the virus already in their bodies.

   (3) **You cannot get AIDS the way you get the flu or a cold. You CANNOT get AIDS by:**

      (a) **Shaking hands;**
      (b) **Hugging someone;**
      (c) **using the toilet or telephone;**
      (d) **eating in a restaurant; or**
      (e) **being near someone who has it.**

   (4) **Grownups are learning how to protect themselves from AIDS.**

   (5) **People all over the world are learning about AIDS so we can stop it from spreading.**

5. When discussing fears of illness or hospitals, reassure the children that hospitals are there to help us when we are too sick to get well on our own. The people who work there will try very hard to help us to feel better as soon as they possibly can.

6. Explain that all people who are sick need friends and loved ones to care about them. Ask the children for examples of ways they can show someone who is sick that they care about them. (Send cards or messages, telephone them, visit, give them a hug and/or a kiss, read to them, give them a present, do them a favor like help clean up the house).

7. This might also be a good time to review things they can do to remain safe and well. (Look before crossing the street, not playing with matches, eating healthy foods, exercising, not picking up syringes or sharp objects.)

Activity 2

At this point, or as a follow-up activity, you may wish to read the story, "My name is Jonathan (and I have AIDS)." The story is about an actual child who lives in Denver, and it is written from his perspective. There are photographs of Jonathan playing with friends and other family members and he gives basic information about his disease in very simple terms. When the book was written he was six years old and did attend school.

After reading the story you could state that there are many children who have serious illnesses and some of them are in the hospital. Invite the children to help cheer them up by drawing get-well cards. Offer to deliver them to the hospital.

HOME EXTENSION ACTIVITY SHEET

Tell the children you would like them to share what they learned today with their parents or guardians. Ask them to take the activity sheet home. (Refer to page 48.) Review their assignment.

HOME EXTENSION ACTIVITY:

Dear Parent or Guardian:

Today your child has been learning ways to reduce or eliminate worries or fears. It was suggested that when they are afraid they need to talk about it, get all the facts, find out what others can do to help, and find out what they can do to reduce the problem.

Since one of the things children are often worried about is getting sick or going to the hospital, we talked about things we can all do to stay healthy and explained that if they would need to go to the hospital, the people who work there will be doing everything they can to help them get better.

Finally, we asked the children to mention things they could do to help someone who may be sick and feeling sad. They came up with wonderful answers! To reinforce their caring natures, their assignment is to make a get-well card for someone in (________________) hospital or nursing home. I will be happy to deliver the cards this weekend.

SECOND GRADE—THIRD GRADE

LENGTH OF ACTIVITY: This segment contains two 15-minute lessons.

CONCEPT: There is a proper way to care for your own minor cuts and injuries to prevent the spread of germs and infections.

OBJECTIVES: By the end of this activity each student will be able to:

1. Demonstrate the procedures for the proper treatment of minor cuts and injuries.
2. Demonstrate the proper response to emergency situations in the home, school, and community.

MATERIALS REQUIRED:

Warm water
Soap
Paper towels
Tissues
Ointments or antiseptic cream
Student worksheet—Germs!
Home Extension Activity Sheet

CONTENT AND SUGGESTED DISCUSSION/ACTIVITIES:

1. Ask the children if they have ever been cut or hurt before. Allow the children to share stories of what happened and how they, or someone else, took care of their injuries.
2. Tell them that today they are going to learn how to take care of their own cuts and small injuries. What might be the first thing they should do when they get a cut or are hurt in some way? It is very important that they get help from an adult, especially if the problem is serious. Remind them not to touch the blood of others, but to always seek help from an adult.
3. State that, sometimes, it is hard to know how badly you are hurt, so it is always best to tell an adult and to get help.
4. Show pictures or demonstrate with the use of a rag doll or hand puppet some things the students can do to care for small cuts and injuries. Remind them to do these things with the help of an adult. (If you are fortunate enough to have a school nurse or a nurse volunteer, he or she could come in at this point and demonstrate the techniques.)
    a. Wash the skin with warm water and soap to get rid of dirt and germs.

b. Dry the skin with a clean paper towel or cloth.

c. Use ointments or antiseptic creams if appropriate, with the help of an adult.

d. Put a bandage on the injured area to keep out dirt and germs.

For a bloody nose:

a. Put pressure on the bridge of the nose.

b. Use tissues to catch the flow of blood.

c. Be sure to throw tissues in the trash can.

d. Wash hands carefully with warm soap and water.

5. Ask the children if they know what to do if they see someone who is badly hurt or if someone is seriously crying for help. (We want them to get help from a relative, friend, or trusted neighbor. If the incident happens in or outside their own home, and they are alone, we can instruct them to call 911 for assistance.)

6. Caution the children never to call 911 unless there is a true emergency because if they do they may be preventing someone who is very sick from getting the help needed.

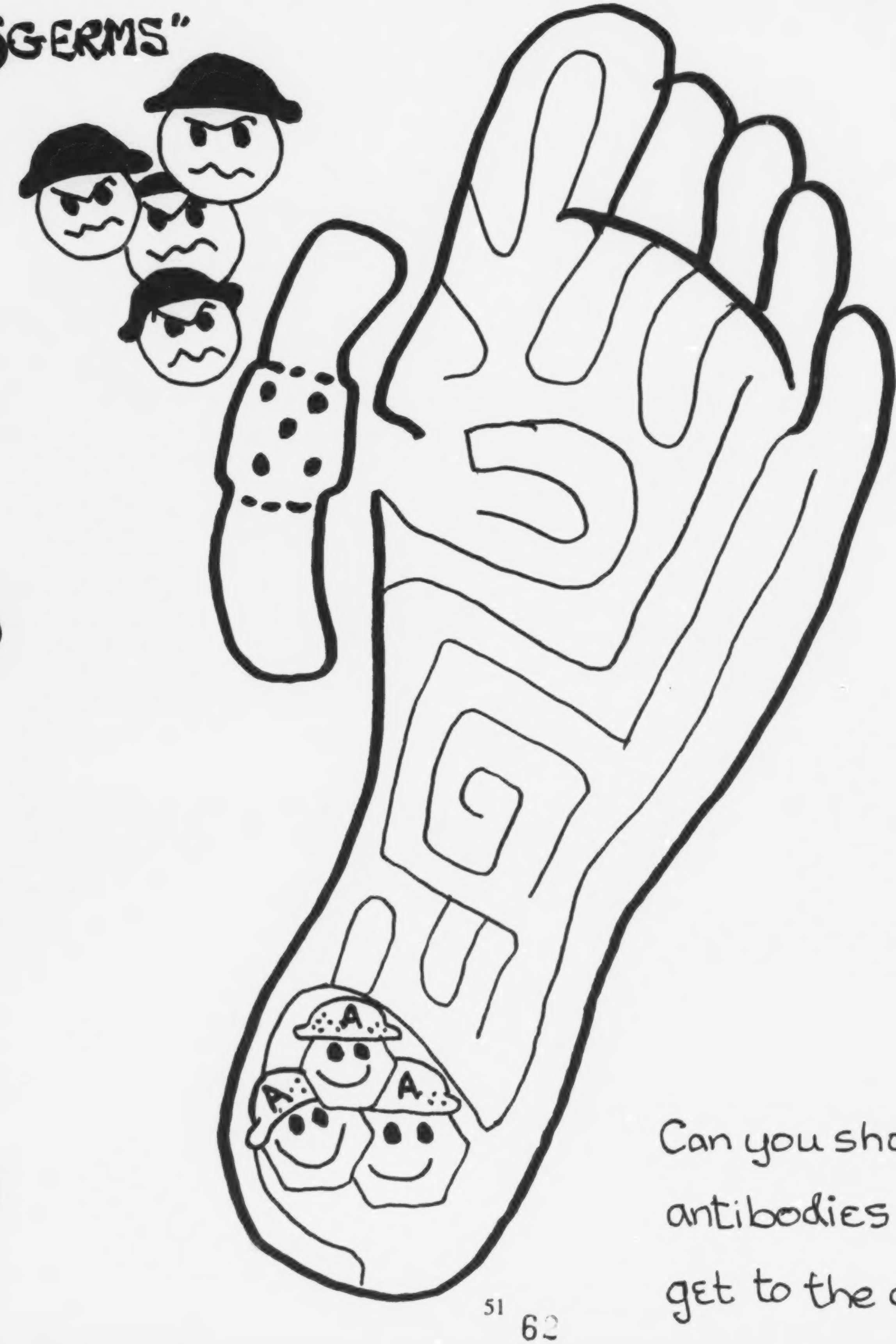
Activity 2

1. Inform the students that we also have helpers inside our bodies that fight disease. These inside helpers are called antibodies and they live in our blood. They are so tiny we can not see them. They are just like soldiers because their job is to move around our bloodstreams looking for the enemy—"germs," and killing them before they make us sick. They are very helpful, but they can't do the job alone. They need us to help them by cleaning our cuts and scrapes with soap and warm water, drying our skin, and then protecting it with a bandage so it stays clean.

2. Give the children worksheet No. 1 to complete, color if they wish, and take home.

HOME EXTENSION ACTIVITY:

Tell the children that you want them to share what they learned today with their parents and that their assignment is a very important one. Tell them to ask their parent(s) or guardian(s) to assist them in creating a list of important information to have in case of a home emergency. Ask them to take the Home Extension Activity Sheet home to fill out, and to keep it on their refrigerator or posted near their telephone, if they have one.



Can you show the antibodies how to get to the cut?

HOME EXTENSION ACTIVITY:

Dear Parent or Guardian:

Today we had the children practice simple procedures for caring for minor cuts and scrapes. We suggested they should always tell an adult, who can then assist them as follows:

1. Wash the skin with soap and warm water.
2. Dry the skin gently with a clean paper towel or cloth.
3. Use an antiseptic cream or liquid if appropriate.
4. Put on a bandage to keep out dirt.

For a bloody nose:

1. Put pressure on the bridge of the nose.
2. Use tissues or a wash cloth to catch the flow of blood.
3. Be sure to throw tissues away in the trash can.
4. Wash face and hands with warm soap and water.

We also cautioned the children not to touch the blood of others because there are germs in blood that can cause infections.

Finally we discussed when it might be appropriate to call 911. We made it clear that in an emergency they should first seek out a relative, friend, or trusted neighbor.

Their assignment tonight is to make a card (or fill in the sheet provided on the back of this letter) with the following information on it:

1. Their name;

2. Complete address;

3. Directions to their house, which can often save the paramedics valuable time; and

4. The telephone numbers of three adults whom you feel are appropriate for them to call or go to in an emergency.

5. If any family members have serious medical problems or allergies which might not be immediately apparent to a paramedic, write them down so your child can point to this sheet.

Please keep this posted on the refrigerator or above the telephone, within your child's view at all times. Your child could save a life someday—and it could be yours!

IN CASE OF EMERGENCY
CALL 911

Name(s) of those in the household: ____________________

____

____

Complete address (including room number, apartment number, etc.).

____

____

Directions to house or apartment. If living in a large complex, is there a building number? Which is the quickest route?

____

____

____

Telephone number: ____________________

The names and telephone numbers of three trusted adults whom your child(ren) can call in an emergency:

1. ____________________
2. ____________________
3. ____________________

Medical information:

Name: ____________________

____

Name: ____________________

____

SECOND GRADE—THIRD GRADE

LENGTH OF ACTIVITY: 45 Minutes

CONCEPT: Students need to recognize and accept their unique qualities to have a positive regard for themselves and others. The child that develops a strong positive sense of self-esteem is less likely to succumb to peer pressure to enter into risky behaviors.

OBJECTIVES: By the end of this activity, each student will be able to:

1. Identify unique qualities about themselves and others.
2. Display positive regard for himself or herself and others.
3. Tell others positive things about himself or herself and family by sharing personal photographs and items from home.

MATERIALS REQUIRED:

Ink pad

Paper (8 1/2 X 5 1/2)

Soap and water for clean-up

Paper towels for clean-up

Worksheets 1 and 2—"I'm A Very Special Person" Book (one for each student)

Colored markers or crayons

Worksheet 3—Scavenger Hunt Sheet (one for each student)

Home Extension Activity Sheet

PREPARATION:

The scavenger sheets are only examples of some possible questions the children could ask. Teachers may wish to create their own scavenger sheets to make them more personal for their students. The only other task is photocopying!

CONTENT AND SUGGESTED DISCUSSION/ACTIVITIES:

Activity 1

1. Ask the students if they know what fingerprints are and what they are used for. Explain that fingerprints are often used to identify people because no two people in the entire world have the exact same prints-not even twins!

2. Using ink pads and paper, have each student make his or her own thumb print (on one hand only) and write his or her name on the piece of paper. Allow students to compare print patterns and note similarities and differences. Display the completed prints.

3. Ask in what ways the people in the room are alike and discuss responses. Explain that although we are all alike in many ways, each of us is different and unique in some special way. We need to celebrate this uniqueness in ourselves and others.

4. Ask the children if they have ever been on a scavenger hunt. Describe what a scavenger hunt is, and explain that today they are going on one to search out facts about their classmates.

5. Instruct students to take their scavenger hunt sheets and try to answer as many questions as possible by asking their classmates questions.

6. As the students complete all the questions on the sheet, discuss the results together.

Activity 2

1. Give each student a "I'm A Very Special Person" Book.

2. Invite them to either draw a self-portrait in the "frame" on the front, or to take it home and ask their parent(s) or guardian(s) if there is a picture of them that could be glued or taped on.

3. Ask the children to complete the information inside and encourage them to place it where they can see it at home. Whenever they feel sad or if they are having a bad day, they can look at their book and know that they are unique and wonderful!

HOME EXTENSION ACTIVITY:

Invite the children to share what they did in class today with their families. Tell them that each one of them is so special that they are each going to have a week in class when the whole class will treat them "extra special." Ask them to take the Home Extension Activity Sheet home because we will need their family's help to plan their special week.

WORKSHEET 3: SCAVENGER HUNT SHEET

See how well you know your classmates. How many questions can you find the answer to?

______________________________ 1. Who has brown hair?

______________________________ 2. Who has blue eyes?

______________________________ 3. Who has curly hair?

______________________________ 4. Who has a younger brother?

______________________________ 5. Who knows how to play the piano?

______________________________ 6. Who has a pet?

______________________________ 7. Who has an older sister?

______________________________ 8. Who likes broccoli?

______________________________ 9. Who likes pizza?

______________________________ 10. Who has been to another country?

______________________________ 11. Who has had the measles?

______________________________ 12. Who walks to school?

______________________________ 13. Who plays on a team for some type of sport?

______________________________ 14. Who likes to sing or dance?

______________________________ 15. Who has the next birthday in this class?

I'M A "VERY SPECIAL PERSON" BOOK!

Place a picture or
drawing of yourself
in this box.

My name is ______________________

My hair color is __________

My eyes are _______

My favorite color is ________

My favorite food is _______

What I DO best is:

(1.) ______________________________

(2.) ______________________________

People like me because:

____

____

____

____

HOME EXTENSION ACTIVITY

Dear Parent or Guardian:

Today in class we helped the students appreciate that each one of them is special and unique in all the world! We let them compare fingerprints, had a scavenger hunt which focused on traits that make us similar or uniquely different, and finally completed the "I'm A Very Special Person" book which I've encouraged each student to keep in a place where it can be viewed often.

To further celebrate the special qualities of each of the students, I am assigning each student one week during the school year when he or she will be the "Child of the Week."

In the first day of that week, the child will share pictures and items of special meaning with the class. I would like to display the pictures on the bulletin board in a special section labeled "Child of the Week." I will encourage the other children to ask questions about the pictures and items so they can appreciate their cultural or family significance.

During this week the child will also have special privileges, such as being first in line for recess, having a free lunch in the cafeteria, and will not have homework one night when the other children do! Since every child will have his or her moment in the spotlight, all privileges will be fairly distributed.

I put all the children's names in a hat and randomly selected the dates for each child. Your child's special week will be ________________________. Can you help by providing either family pictures and/or items that will help the other children to know your child in a special way? Some examples might include your child with grandparents or other relatives, pictures taken at a special event like a reunion, while camping or on vacation, or pictures of special pets. Five or six pictures will be sufficient. Items of interest might be something the child has made like a model airplane, a favorite toy, or even a talent, such as a song he knows and likes, a dance, or a musical instrument he or she is learning to play. All items will be locked up for safekeeping, following the presentation, until the child is ready to go home.

The children are really excited about having this special recognition and I appreciate any help you can provide. We know that children who have high self-esteem are less likely to get involved in risky behaviors. We want all the children to see themselves as lovable and capable! Thank you for assisting us in this effort!

FOURTH GRADE—FIFTH GRADE

LENGTH OF ACTIVITY: One 50-minute class period

CONCEPT: To assist students in distinguishing between facts and myths about HIV/AIDS, based on current research and medical knowledge about this devastating health challenge.

OBJECTIVES: By the end of this class period, students will be able to:

1. Demonstrate that they can distinguish HIV/AIDS facts from myths through participation in a cooperative learning activity.
2. Acknowledge that family members and caregivers of people with HIV/AIDS have not acquired the virus even after long-term daily contact with someone who is infected.

MATERIALS REQUIRED:

Video: *AIDS: Taking Action–revised 1991* (22 minutes)

The focus of this video is on three junior high school students who want to educate other young people about AIDS since a former classmate died of the disease. The story is true; the students cover the facts and offer ways youth watching this video can assist in educating students, parents and faculty about HIV disease. $275.00

This video is available for free preview or use from the Arizona Prevention Resource Center. For details refer to Appendices G: Resource Materials Guide.

"Facts and Myths About HIV/AIDS"—Student Worksheet

Crossword Puzzle—Student Worksheet

"Facts and Myths About HIV/AIDS"—Teacher Guide

Crossword Puzzle—Teacher Guide

Home Extension Activity Worksheet

Video Equipment

PREPARATION:

The activity following the video is a cooperative learning exercise in which students will work in groups of three or four in a competitive game situation.

Photocopy the "Facts and Myths About HIV/AIDS" worksheet, so that you have one copy for each "team." Before class, cut each worksheet along the lines indicated to make 24 squares of paper, each containing a statement about HIV/AIDS. Some of the statements are facts and some are myths. Scramble each set of statements, and bundle them in preparation for the activity.

CONTENT AND SUGGESTED DISCUSSION/ACTIVITIES:

1. Inform your students that the focus of the class today will be on determining what are the facts about HIV/AIDS, and what are myths based on our current knowledge and experience with the disease. Remind the class that while we do not know everything we would like to know about this relatively new disease, the medical community has learned a great deal. One of the most important facts about HIV/AIDS is that AIDS is hard to get, especially for young people their age.
2. Tell the class that they are going to view a video about HIV which should clear up some of their questions about HIV/AIDS. Encourage the class to listen for several facts about HIV as there will be a review activity following the video.
3. Have the students watch, *AIDS: Taking Action*.
4. Discuss the video with your students and answer any questions.
5. Divide the class into groups of four to form several cooperative learning "centers"—peer education is the goal.
6. Give the following instructions:
    a. Place in front of each group a bundle of statements about HIV/AIDS. Advise the students that they are not to touch this bundle until instructed to do so.
    b. On your signal, instruct the students to sort the statements into two piles, one for those statements which they consider facts, and one for the statements considered to be opinions or myths.
    c. (Select a leader for each group, and have that individual raise his or her hand when the group feels they are finished.) Note the exact time of completion for each group.
    d. When all groups have completed sorting the statements, review the entire list of statements to discover which are facts and which are opinions. Poll the groups to find out how many were correctly sorted.

7. After the students have completed this activity, review the known facts and myths about HIV/AIDS, and respond to questions.

HOME EXTENSION ACTIVITY

1. Commend the students on their efforts and indicate that you would like them to share what was discussed today with their parents.
2. Distribute the worksheet entitled, "Crossword Puzzle," and see if you can get a family member to work on it with you. If someone in your family has serious concerns about HIV/AIDS, encourage them to contact the National AIDS Hotline (1-800-342-AIDS). They will be happy to send educational materials especially designed for parents and other adults concerned about youth.

Dear Parent or Guardian:

Today in class we discussed information about HIV/AIDS, and reviewed what is currently known about the disease: how HIV is transmitted, how it is not transmitted and how this disease can be prevented. The students watched a video entitled, *AIDS: Taking Action*, which covered the basic facts about AIDS and how students can assist in AIDS education efforts in their own schools and communities. The goal of the lesson was to clarify any misconceptions the children might have about HIV/AIDS, and thus lessen any unwarranted fears about this disease.

The class was instructed that HIV infection is a communicable disease, that is, a disease which can be spread from one person to another, but in very specific ways. The worksheet on the back of this letter, a crossword puzzle, presents several words which are synonymous with the term communicable. We encourage you to use this activity as a catalyst for discussion about your views regarding this controversial subject. Should you want further information about HIV/AIDS, please contact the National AIDS hotline. See below for a free guide.

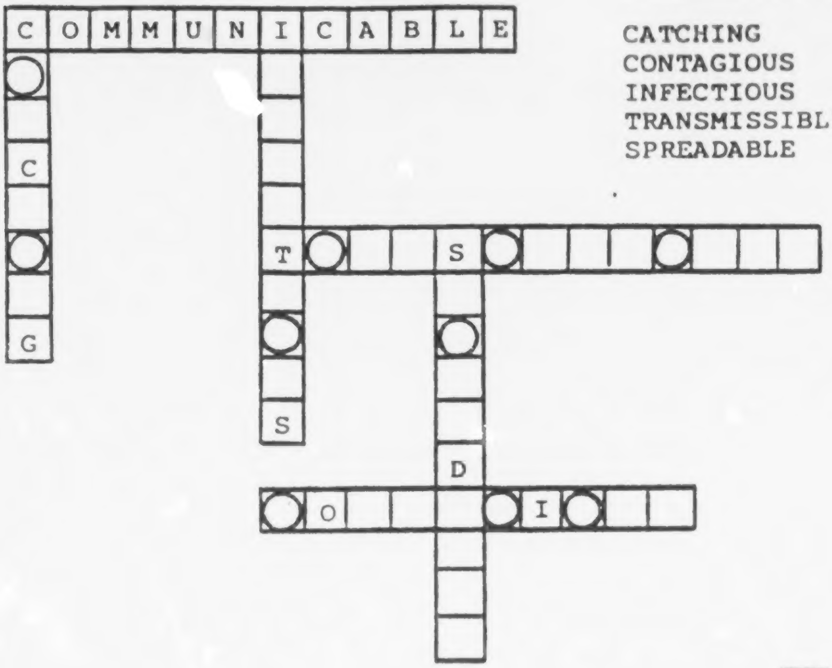
English	1-800-342-AIDS
Spanish	1-800-344-SIDA

CROSSWORD PUZZLE

Synonyms are words that are spelled differently but which mean the same thing; for example, ache and pain. Listed below are synonyms for the term COMMUNICABLE DISEASE. Use these words to fill in the missing letters that complete the puzzle. To find the mystery word, record and unscramble the circled letters. Write the letters in the spaces provided below.

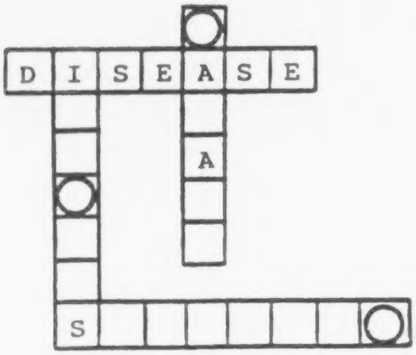
SYNONYMS FOR COMMUNICABLE

CATCHING
CONTAGIOUS
INFECTIOUS
TRANSMISSIBLE
SPREADABLE



SYNONYMS FOR DISEASE

AILMENT
ILLNESS
SICKNESS
MALADY



THE MYSTERY WORD IS: _ _ _ _ _ _ _ _ _ _ _ _ _ _

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CROSSWORD PUZZLE

Synonyms are words that are spelled differently but which mean the same thing; for example, ache and pain. Listed below are synonyms for the term COMMUNICABLE DISEASE. Use these words to fill in the missing letters that complete the puzzle. To find the mystery word, record and unscramble the circled letters. Write the letters in the spaces provided below.

SYNONYMS FOR COMMUNICABLE

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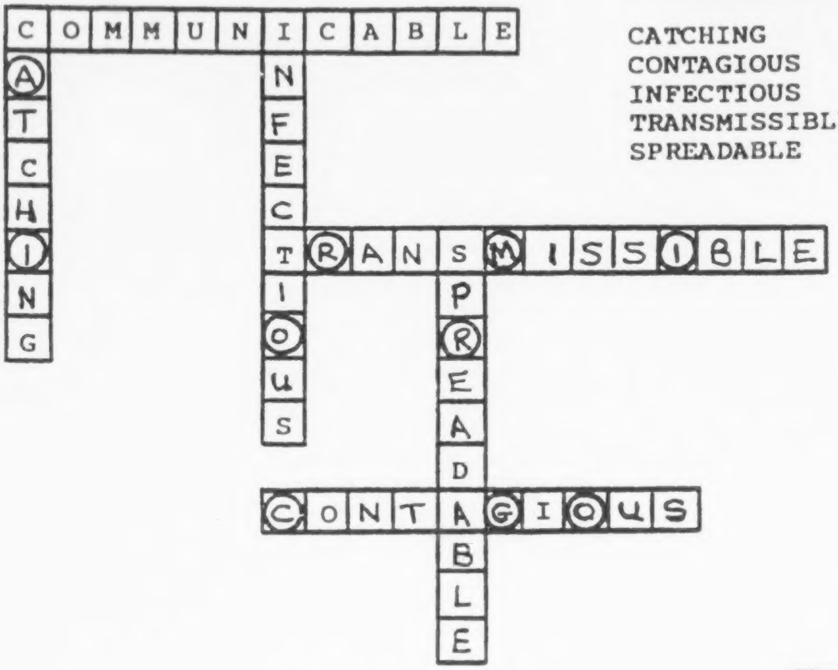
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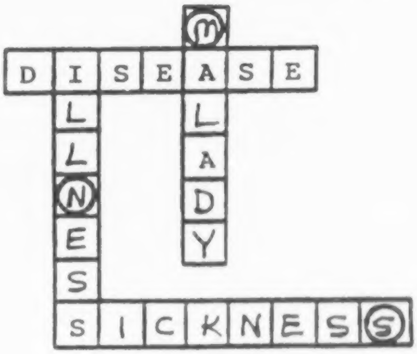
DISEASE
ILLNESS
MALADY
SICKNESS

THE MYSTERY WORD IS: M I C R O O R G A N I S M!

FACTS AND MYTHS ABOUT HIV/AIDS—Student Worksheet

Directions to the teacher: Reproduce as many copies of this page as you will have groups, one page per group. Cut the items apart, and scramble them so that the students may sort them into two piles, one of facts and one of opinions. If any of the individual items is considered inappropriate in your school setting, simply eliminate it from the list before duplication.

ORDINARY HOUSEHOLD BLEACH CAN KILL HIV OUTSIDE OF THE BODY	NOTHING HAS BEEN FOUND YET THAT CAN KILL HIV IN THE BLOODSTREAM	HIV/AIDS CAN BE PREVENTED
THERE IS NO WAY TO SCREEN DONATED BLOOD FOR HIV	TEARS AND SALIVA HAVE SLIGHT TRACES OF THE AIDS VIRUS	YOU CAN CATCH HIV IN SHOWERS
PEOPLE WHO GET HIV/AIDS ARE BAD PEOPLE	HIV/AIDS CAN BE TRANSMITTED THROUGH BLOOD, SEMEN, AND VAGINAL FLUIDS	YOU CAN CATCH HIV/AIDS FROM SWEAT
HIV/AIDS CAN BE PREVENTED BY NOT HAVING SEXUAL INTERCOURSE	HIV/AIDS CAN BE TRANSMITTED THROUGH SEXUAL INTERCOURSE WITH AN INFECTED PERSON	MOSQUITOS CANNOT TRANSMIT HIV
YOU CAN CATCH HIV/AIDS DRINKING FROM SOMEONE ELSE'S GLASS OR CUP	ONLY PEOPLE OF A CERTAIN AGE, SEX, RACE, OR SEXUAL PREFERENCE CAN GET HIV/AIDS	YOU CAN CATCH HIV/AIDS FROM TOILET SEATS
BABIES CAN GET HIV/AIDS FROM THEIR INFECTED MOTHERS	HIV CAN BE TRANSMITTED BY SHARING CONTAMINATED NEEDLES	EVERYBODY'S GOING TO GET HIV/AIDS
YOU CAN CATCH THE AIDS VIRUS BY A KISS	NO ONE HAS CAUGHT THE AIDS VIRUS FROM COMFORTING PATIENTS WITH HIV/AIDS	YOU CAN CATCH HIV/AIDS FROM DRINKING FOUNTAINS
NO KNOWN CASES HAVE BEEN TRANSMITTED THROUGH TEARS AND SALIVA	YOU CAN CATCH HIV/AIDS FROM ATTENDING CLASS WITH SOMEONE INFECTED WITH THE AIDS VIRUS	YOU CAN CATCH HIV/AIDS FROM SOMEONE'S SNEEZE

FACTS AND MYTHS ABOUT HIV/AIDS

Teacher Guide

FACTS about HIV/AIDS

FACT 1 A solution of household bleach and water, 100 parts water:1 part bleach or 1/4 cup bleach to one gallon of water, can kill the AIDS virus outside the body.

FACT 2 There is nothing scientists have found as yet that will kill the AIDS virus once it has infected a person.

FACT 3 The tears and saliva of some infected people have been found to contain small amounts of HIV.

FACT 4 There have been no known cases of HIV transmission through tears, saliva, sweat, feces, or urine.

FACT 5 HIV/AIDS cannot be transmitted through "casual contact," i.e., talking with, eating with, sharing restroom facilities, etc.

FACT 6 HIV can be transmitted through the blood, semen, or vaginal fluids of an infected person.

FACT 7 HIV can be transmitted by sharing contaminated needles and syringes.

FACT 8 HIV cannot be transmitted when we go to our doctor for shots because all needles and syringes are sterile and are disposed of following use.

FACT 9 Babies can become infected with HIV from their infected mothers before, during, or after birth.

FACT 10 No one has caught HIV/AIDS from working with and comforting people with HIV/AIDS.

FACT 11 HIV/AIDS infected can be prevented by not having sexual intercourse.

FACT 12 HIV can be transmitted from one person to another through sexual intercourse.

FACT 13 HIV/AIDS can be prevented by saying "No" to drugs and alcohol abuse.

FACT 14 HIV does not discriminate. Anyone who engages in behavior that puts him or her at risk can become infected.

FACT 15 Right now health and science experts are working hard to find a vaccine and a cure for HIV/AIDS.

FACTS AND MYTHS ABOUT HIV/AIDS

Teacher Guide

MYTHS about HIV/AIDS

MYTH 1 You can catch HIV from the sneeze of an infected person.

MYTH 2 You can catch HIV from a kiss.

MYTH 3 You can catch HIV from a shower.

MYTH 4 You can catch HIV from the mouthpiece of the telephone.

MYTH 5 You can catch HIV from sweat.

MYTH 6 You can catch HIV from sitting next to an infected classmate at school.

MYTH 7 You can catch HIV from toilet seats, door knobs, or eating utensils.

MYTH 8 You can catch HIV from drinking fountains.

MYTH 9 You can catch HIV from an infected person's cup, plate, or glass.

MYTH 10 You can catch HIV from a mosquito or bug bite.

MYTH 11 Only people of a certain age, sex, race, ethnic group, sexual orientation, or place of living get HIV/AIDS.

MYTH 12 Everyone in the world will eventually get HIV/AIDS.

FOURTH GRADE—FIFTH GRADE

LENGTH OF ACTIVITY: Two 50-minute class periods

CONCEPT: To help students learn about how HIV is transmitted and the impact this virus has on the immune system; that personal decisions regarding behavior can reduce or eliminate the risk of being infected by HIV/AIDS; and that people who are sick deserve to be treated with respect and concern.

OBJECTIVES: By the end of this activity, each student will be able to:

1. Explain how the immune system functions.
2. Describe how the HIV virus attacks the immune system.
3. Examine why some people take health risks.
4. Demonstrate three ways to say "No" to health risk behavior.
5. Recognize that all people who are ill are worthy of care and consideration.

MATERIALS REQUIRED:

Video: *AIDS and the Immune System*

Four young friends interact throughout the video: one is HIV positive, one has the flu, and one gets a sliver in her finger. This short but effective video (12 minutes) accurately describes immune system function in all three scenarios, and explains how HIV differs from other viruses. It ends with the other children feeling more comfortable socializing with their friend who is HIV positive. Sensitive family dynamics.

This video is available for free preview and for use from the Arizona Prevention Resource Center. For details refer to Appendices G: Resource Materials Guide.

Magazine pictures of several people representing a cross-section of society

Home Extension Activity Sheet: "Taking Risks—What's the Price?"

PREPARATION:

Reserve required video equipment.

Review "Question and Answers Students Ask About AIDS" and the glossary of terms in Appendices A and B of this guide.

CONTENT AND SUGGESTED DISCUSSION/ACTIVITIES:

Activity 1

1. Review the fact that certain germs can cause disease. Remind students that, as they have learned in the past, germs are so small they can only be seen with powerful lenses in instruments called microscopes.

2. Introduce the video by stating that fortunately we all have immune systems within our bodies which work very hard to fight off infection. Explain that the video they are about to see shows how the immune system responds to the virus which causes AIDS, flu virus, and bacteria which gets into a cut.

3. Show the video, "AIDS and the Immune System," or a similar product of your choice.

4. After watching the video, ask the children some or all of the following questions:

   a. What role does the immune system play in helping us to stay well?

   b. What do antibodies do to combat disease?

   c. What is the effect of HIV on the immune system?

   d. What can we do to protect ourselves from flu and cold viruses?

   e. How does the HIV differ from cold and flu viruses in how it is passed to other people?

   f. How do immunizations protect us from specific illnesses?

5. Stress that only a small percentage of the AIDS cases in the United States are among children, and now that doctors know more about how HIV is spread, the chances of children becoming infected with HIV have been greatly reduced.

   a. There is no reason why any student should become infected with HIV.

   b. Explain the ways children have become infected with HIV:

      (1) from their HIV-infected mothers before or during birth. Today a woman who wants to have a baby can have a test to see if she is infected with HIV. Inform the children that eighty percent of the children with HIV acquired it in this way. Reassure the students that if anyone their age had been born with HIV infection, by now a doctor would have almost certainly identified the problem.

      (2) before 1985, from getting blood transfusions infected with HIV. All blood is now tested to screen out blood infected with HIV. While no test is perfect, this test seems to be doing the job very well.

(3) before 1985, from medicines made from contaminated blood, such as the medicine given to people with hemophilia. This medicine is now subjected to temperatures high enough to kill HIV, if present.

6. Discuss HIV infection from intravenous drug abuse.

   a. Introduce the term "intravenous drug abuse." Write it on the board and tell students that some people who abuse drugs use needles to put drugs directly into their veins or under their skin.

   Any type of drug use is dangerous unless it is recommended by a doctor. Even then, the doctor must monitor the patient very closely to be sure the medicine is working properly.

   b. Intravenous drug abusers are in great danger of becoming infected with HIV because intravenous drug abusers often share needles or syringes to put the drug into their bodies. Sharing a needle or syringes with a person who is infected with HIV is extremely dangerous because there is a strong chance that the virus will be transferred to the person's body through the used equipment.

7. Reassure students that the needles and syringes used by doctors in this country to give shots or to take blood are sterilized (cleaned) carefully, are used only once, and are then disposed of. Students do not need to worry about needles and syringes used by doctors or nurses for medical reasons.

8. Explain to students that although intravenous drug abuse is a major risk behavior for acquiring HIV infection, all types of blood-to-blood contact should be avoided.

9. Explain that a small amount of doctors, nurses, and other medical personnel have become infected when they were directly exposed to infected blood. Ask students to think of other situations where blood-to-blood contact might occur. These might include:

   a. becoming "blood brothers" or "blood sisters";
   b. piercing each other's ears or tattooing with a shared needle;
   c. having a physical fight where bleeding occurs; and
   d. helping another student with a nosebleed or other bleeding, or having another student or teacher help you, without the use of plastic gloves or other barrier protection.

10. Stress that such behaviors may expose a person to many kinds of infection, including HIV. If students do come in contact with another person's blood, they need to wash the area(s) thoroughly with soap and water.

11. Reassure students that they cannot get AIDS from casual contact. Give examples. Also stress that they won't get AIDS from giving blood.

12. Tell students that any time they are in doubt, they should ask a trusted adult or doctor, or they can call their local chapter of the American Red Cross or county health department. Write these numbers on the board. The National AIDS Hotline number is 1-800-342-AIDS.

Activity 2

1. Conduct the following activity to illustrate the fact that you cannot tell by looking at someone that he or she has HIV.
    a. Show the magazine pictures of people who represent a cross-section of society. As you show each picture, ask, "Do you think this person could be infected with HIV?" (The answer is "Yes, anyone could.")
    b. Emphasize that you cannot tell by a person's appearance whether or not he or she may be infected with HIV.
2. Select a few pictures to reexamine. Ask:
    a. What if this person were your friend and had just learned that he or she had AIDS? What feelings might you have? What feelings might they have?
    b. (another picture) What if this person were your parent or grandparent? What feelings could you have? How could you help?
    c. Ask, "If you knew there was no cure for a disease that you had, what might you want people to do for you, and how might you feel?" (depressed, angry, frightened, etc.)
3. Have students share examples of times when people become sick/injured because:
    a. the risks are beyond anyone's control. (genetic illness, being unaware of exposure, etc.)
    b. the risks can be controlled but some people do not or cannot control them. (tobacco users, regularly eating food that are unhealthy)

    Conclude that, regardless of whether people could or could not have avoided the risk of illness, all sick people need care and concern from loved ones.
4. Elicit and discuss reasons that people sometimes do not limit or avoid risks even though the danger exists. Use at least two examples of risky behavior (e.g., smoking/chewing tobacco or using alcohol, and not wearing a helmet while biking). Possible responses:
    a. curiosity
    b. adventure
    c. peer pressure
    d. enjoyment
    e. person knows what is the healthy choice, but just doesn't change

    f. a feeling that "it will never happen to me"—invincibility
    g. the power of advertising and media
    h. to show off
    i. to prove you aren't "chicken"
    j. lapse in judgment, i.e., if someone is drinking alcohol, they may experience impaired judgment and put themselves at increased risk.

5. Discuss points to consider in deciding to say "No":

    a. If the behavior would risk your life and health
    b. If it does not follow the guidelines set by your family or guardians
    c. If it is illegal
    d. If it would be disrespectful to yourself or others

6. Help students learn several ways of saying "No" to pressure or temptation.

    a. Say "No" and suggest different behaviors or activities that are more responsible and/or safe. You can let a friend know you enjoy being their friend but there are certain activities you simply will not participate in.

    b. Say "No" and explain your reason. If it's a family rule, don't be ashamed to simply state this.

    c. Agree to part of the request, i.e., "I'd like to stay at your house overnight, but I can't if your parents are not going to be home."

    d. Use the "broken record" technique—just say "No!" emphatically, and repeat the word "No" if the person persists.

    e. Avoid situations and places where you might be pressured.

    f. Leave the situation.

7. Have students role-play saying "No" to the following situations. Have them demonstrate each of the techniques discussed thus far or to demonstrate one that has worked for them—excluding physical or verbal abuse!

    a. You are new in town and your friends want to make your new friendships "permanent" by becoming "blood brothers" or "blood sisters."

    b. All the members of your group want to get together and pierce each other's ears.

    c. Your friend wants you to try smoking.

Ask the students for other examples of situations that might put them at risk and conduct additional role plays. Put yourself in the "hot seat" too!

HOME EXTENSION ACTIVITY ASSIGNMENT:

1. Tell the students that you are really pleased with their participation and that you would like them to share what was discussed in the class with their parent(s) or guardian(s).

2. Distribute the Home Extension Activity "Taking Risks—What's the Price?" and ask them to complete it first by themselves and then to review it with a parent or guardian. Ask the students to bring it back completed for discussion by ______________________ (date).

Dear Parent or Guardian:

Over the past two days we have been discussing how our bodies' immune system functions and how the Human Immunodeficiency Virus (HIV), which causes AIDS, destroys the immune system.

In addition, we also discussed the need for compassionate care for all who are sick and injured. Our final discussion related to personal behaviors which may put us at risk for diseases or injury. Listed below are the five steps to responsible decision making we discussed in class:

1. Identify the problem or situation.
2. Identify ways to deal with the problem.
3. Apply criteria for responsible decision making to each alternative:

   Would the results of my decision be healthful?
   Would the results of my decision be safe?
   Would the results of my decision be legal?
   Would the results of my decision show respect for myself and others?
   Would the results of my decision follow my parent's or guardian's guidelines?

4. Make a responsible decision and act upon it.
5. Evaluate your actions.

I have asked the students to compute the following Risk Worksheet at home and then to discuss their opinions about risk taking with their parent(s) or guardian(s). I would like this assignment completed by
______________________________ (date).

Thank you for your interest and involvement in your child's education!

TAKING RISKS: WHAT'S THE PRICE?

Name: ______________________________

Directions: Read the list of behaviors below. Decide if they are no risk, low risk, or high risk to your good health. Put an "X" in the column which reflects your opinion.

After you have marked your answer, go on to list the possible negative consequences of each activity and ways you can prevent or decrease negative outcomes.

	No Risk	Low Risk	High Risk
1. **Skateboarding/Rollerblading** a. Negative Consequences b. Prevention			
2. **Drinking Alcohol** a. Negative Consequences b. Prevention			
3. **Drinking soft drinks** a. Negative Consequences b. Prevention			
	No Risk	Low Risk	High Risk
4. **Sitting next to someone with HIV/AIDS** a. Negative Consequences b. Prevention			

5. Drinking Alcohol a. Negative Consequences b. Prevention			
6. Visiting a friend with chicken pox a. Negative Consequences b. Prevention			
7. Wearing your seat belt a. Negative Consequences b. Prevention			
8. Not washing your hands before eating a. Negative Consequences b. Prevention			

FOURTH GRADE—FIFTH GRADE

LENGTH OF ACTIVITY: One 50-minute class period

CONCEPT: It is important to understand certain behaviors which contribute to a healthful lifestyle.

OBJECTIVES: Students will be able to list, and at times demonstrate in class, behaviors which lead to a healthful lifestyle, including:

1. Reasoning abilities
2. The individual's control over health-related behaviors
3. Respect for personal privacy and a person's right to say "No"
4. The role of personal behavior in disease prevention
5. The concept of risk and the consequences of risk-taking behaviors
6. Responsibilities involved with family, friends, and school.
7. Recognition of the help and support that family, friends, and schools can provide.

MATERIALS REQUIRED:

An opaque box or jar you can reach into! (optional)
"What Would You Do and Say?"—Student Worksheet
"What Would You Do and Say?"—Teacher Guide
Home Extension Activity Worksheet

PREPARATION:

Photocopy a student worksheet for each member of the class.

CONTENT AND SUGGESTED DISCUSSION/ACTIVITIES:

1. For dramatic effect, you may want to bring in a closed container that is not transparent and announce, "In this container I have some really fat, juicy worms that I dug up just last night." (You may want to enliven this with some histrionics, i.e., opening the container and manifesting delight over how fat and "squishy looking" the worms are.) Continue by saying, "And do you know what? I have one big, fat, juicy one for each of you to eat! In some countries worms are delicacies, so we're all going to try one and see what all those people are raving about! Okay?"

2. Admit that, actually, you do not have live worms in the box, but ask the students, "What if I were serious? What if I insisted that everyone in this room had to at least try one? What would YOU DO?" Make a list of their responses on the board.

3. Continue by announcing that today's lesson is going to focus on specific strategies for you to use as positive alternatives to risk-taking behaviors. The specific strategies include:

   a. Decision-making skills
   b. Refusal skills
   c. Coping behaviors

4. Define each strategy as follows:

   DECISION-MAKING SKILLS:

   The decision-making skills involve a strategy for deciding how to behave, preferably in a healthful way that rejects high-risk behaviors.

   REFUSAL SKILLS:

   Refusal skills help you to act on the decisions that you have made in your best interest. This skills enable you to fight back against the pressure that you may feel internally, or that others may use to get you to do what is harmful to you and what you have decided not to do.

   COPING BEHAVIORS:

   Coping behaviors are those strengths we have that keep us going even when we are experiencing difficulties or just feeling low. These are attributes that lead us to complete assigned chores or responsibilities without having to be reminded. It's that internal determination that gets us to school each morning, even on those rare days when we don't feel like getting up.

5. Explain that decision-making skills, refusal skills, and coping skills are all closely related. Inform the class that you are going to teach them a method which will sharpen their ability to be assertive, still have fun, and STAY OUT OF TROUBLE!

6. State that the following refusal skills are divided into five steps:

   a. **Ask questions.** "What, when, where, why?"

      Asking questions clarifies what will happen. Specific questions get specific answers. For example:

      John: "Mike, what are you doing after school?"

Mike: "Nothing, what did you have in mind?"

John: "Mary's brother has some pot and he says he'll get us all high for free."

b. **Name the trouble.** "That's . . . "

Naming the trouble makes the consequences more believable. Illegal troubles have illegal consequences.

Mike: "John, that's illegal. That's possession of drugs."

c. **Identify the consequences.** "If I did that . . . "

Often we hear people say, "If I had only thought about the consequences" or "I never thought it could happen to me." It helps to consider the consequences BEFORE getting into trouble!

Mike: "If I did that and I got caught, I could end up in juvenile detention with some really hard cases. My parents would ground me for a year! And besides, even if I didn't get caught, I wouldn't feel good about it. I'm trying to show my parents that they can trust me, so I can stay out later on the weekends."

d. **Suggest alternatives.** "Instead, why don't we . . ."

Alternates should be fun, legal, and appropriate. Most alternates are things you already enjoy doing anyway.

Mike: "Listen, why don't we just go over to my house and play that new video game I got from Chad? I bet I can make it to the third screen before you even get warmed up."

e. **Leave.**

If you decide the situation you are in could mean trouble, you must simply leave. This physical movement puts the "troublemaker" into the position of having to make a decision:

(1) **Sell It.** Make the healthy alternative as attractive as possible.
(2) **Move it.** Begin to leave the situation.
(3) **Leave the door open.** "If you change your mind . . ."

Mike: "Oh, and let's not forget the free food. My folks had a party this weekend and there's some great stuff—you're always hungry!" (Mike then moves away from his friend John and says, "Well, if you change your mind, I'll be home feeding my face and sharpening my skills on that new video game."

If John says, "Okay, okay, I'll come over to your place instead," Mike has accomplished three things: they both stayed out of trouble, they both will have fun, and Mike has kept a friend. If John decides not to go with Mike, Mike has still left the door open to their friendship, he has kept himself out of trouble, and he has a clear conscience!

Activity

1. Divide the class into triads or dyads, depending on the size of your class.
2. Distribute the "What Would You Do and Say?" worksheets, so that each "team" is working on a unique risk-taking situation.
3. Instruct the students to read their scenario and discuss the situation and their choices for appropriate behaviors. Encourage them to apply the model they have just learned to their scenario. Allow approximately three to five minutes for group discussion.
4. When the small groups have completed their deliberations, ask one student from each group to read their scenario and briefly state what their group felt the appropriate choices were.

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"WHAT WOULD YOU DO AND SAY?" Situations

Student Worksheet

Situation No. 1

You are playing with your best friends in the neighborhood. You all decide to form a club. To become a member, each person will be tattooed with a sewing needle. It's your turn to get the tattoo.

What would you say? What would you do?

Situation No. 2

Several of the older kids invite you to a "secret meeting." When you get there, you discover that they are using needles to inject drugs into their bodies, and pressure you to try the drugs.

What would you say? What would you do?

Situation No. 3

You hear on the news of a mother in your community who transmitted HIV to her baby at birth. They are both still living and in need of food and clothing. Their landlord has asked them to move from their apartment.

What would you say? What would you do?

Situation No. 4

On the playground, you see several of your classmates picking on a child from another classroom, teasing, "You have AIDS! You have AIDS!" The student is obviously hurt by this, and starts to cry.

What would you say? What would you do?

Situation No. 5

While your parents are not home, your little brother comes running into the house holding his hand, which is cut and bleeding. You are confused by the information you have heard about AIDS and blood.

What would you say? What would you do?

"WHAT WOULD YOU DO AND SAY?" Situations—Student Worksheet (Continued)

Situation No. 6

You go to your friend's house to have dinner. You see that her mom seems ill. She looks different than usual, kind of thin and tired. You notice that she hardly eats any dinner. Following dinner, you say, "Your mom doesn't look well," and your friend tells you that her mom has AIDS.

What would you say? What would you do?

Situation No. 7

A new student has been added to your class. He or she has been assigned to a seat next to you. You are afraid to sit next to the new student because someone told you he or she has AIDS.

What would you say? What would you do?

Situation No. 8

It's summertime and the public pool is opening. You are really excited about getting together with your friends again. The day before opening day, your dad says you cannot go: he's afraid you could get AIDS from a public pool.

What would you say? What would you do?

Situation No. 9

Your older brother has been getting into a lot of trouble lately. You are getting real worried. Your brother is beginning to hang around kids you know are taking drugs. You think your brother is on drugs and is even using needles to shoot drugs into his body.

What would you say? What would you do?

Situation No. 10

You're waiting for the school bus and overhear some kids say that only people who have sex with other people of the same sex can get AIDS.

What would you say? What would you do?

"WHAT WOULD YOU DO AND SAY?" Situations

Teacher Guide

Situation No. 1

You are playing with your best friends in the neighborhood. You all decide to form a club. To become a member, each person will be tattooed with a sewing needle. It's your turn to get the tattoo.

What would you say? What would you do?

- Say "No!" assertively.
- Discourage your friends from doing this, because of the dangers of infection.
- Tell a trusted adult.
- Suggest that you all sign a written description of what the club will be about rather than giving each other tattoos.

Situation No. 2

Several of the older kids invite you to a "secret meeting." When you get there, you discover that they are using needles to inject drugs into their bodies, and pressure you to try the drugs.

What would you say? What would you do?

- Say "No!" assertively, and leave.
- Don't go in the first place.
- Refuse to participate, warning the other kids about the dangers of drug use and AIDS.
- Tell a trusted adult.
- Other

Situation No. 3

You hear on the news of a mother in your community who transmitted HIV to her baby at birth. They are both still living and in need of food and clothing. Their landlord has asked them to move from their apartment.

What would you say? What would you do?

- Ask your parents (scout troop, church group) if you can donate some food and clothing.
- Write a letter of support to the mother.
- Write a letter asking the landlord to change his mind.
- Help locate another place for the mother and child to live.
- Other

"WHAT WOULD YOU DO AND SAY?" Situations—Teacher Guide (Continued)

Situation No. 4

On the playground, you see several of your classmates picking on a child from another classroom, teasing, "You have AIDS! You have AIDS!" The student is obviously hurt by this, and starts to cry.

What would you say? What would you do?

- Interrupt your classmates and draw them away to another activity.
- Take the hand of the student and lead him or her back to the class or teacher.
- Explain to your classmates that AIDS is a serious disease which we shouldn't joke about with others.

Situation No. 5

While your parents are not home, your little brother comes running into the house holding his hand, which is cut and bleeding. You are confused by the information you have heard about AIDS and blood.

What would you say? What would you do?

- Calm your little brother, and have him put direct pressure on the cut while you call a parent, relative, or trusted neighbor.
- Using a clean cloth, put direct pressure on the cut until it stops bleeding. Then clean up your brother's cut with soap and water, or wait for your parents.
- If it's a bad cut and no help is available, call "911."
- Other

Situation No. 6

You go to your friend's house to have dinner. You see that her mom seems ill. She looks different than usual, kind of thin and tired. You notice that she hardly eats any dinner. Following dinner, you say, "Your mom doesn't look well," and your friend tells you that her mom has AIDS.

What would you say? What would you do?

- Express caring for your friend and her mom.
- Give your friend and her mom a hug.
- Get your friend to talk about it. Ask questions.
- Keep visiting your friend.
- Other

"WHAT WOULD YOU DO AND SAY?" Situations—Teacher Guide (Continued)

Situation No. 7

A new student has been added to your class. He or she has been assigned to a seat next to you. You are afraid to sit next to the new student because someone told you he or she has AIDS.

What would you say? What would you do?

- Talk to the new student.
- Talk to your teacher. Suggest that he or she help the class understand how to act.
- Remind yourself that HIV is hard to get and cannot be transmitted through casual contact.
- Other

Situation No. 8

It's summertime and the public pool is opening. You are really excited about getting together with your friends again. The day before opening day, your dad says you cannot go: he's afraid you could get HIV from a public pool.

What would you say? What would you do?

- Tell him you know about AIDS. Research states that HIV cannot be transmitted through swimming pool water.
- Suggest he call the pool for more information.
- Call the AIDS Hotline or Public Health Department for more information.
- Other

Situation No. 9

Your older brother has been getting into a lot of trouble lately. You are getting real worried. Your brother is beginning to hang around kids you know are taking drugs. You think your brother is on drugs and is even using needles to shoot drugs into his body.

What would you say? What would you do?

- Talk to your brother. Express concern, because you know HIV can be transmitted when needles are used to take drugs.
- Talk to your parents, your teacher, school counselor, or other adult.
- Suggest healthy activities.
- Other

"WHAT WOULD YOU DO AND SAY?" Situations—Teacher Guide (Continued)

Situation No. 10

You're waiting for the school bus and overhear some kids say that only people who have sex with other people of the same sex can get AIDS.

What would you say? What would you do?

- Any time there is an exchange of blood, semen, or vaginal fluids between a person infected with HIV and another person, HIV can be transmitted.
- HIV can be transmitted between people of the same sex or opposite sexes.
- Anal, oral, and vaginal intercourse can all be methods of transmission of HIV.

FOURTH GRADE—FIFTH GRADE

LENGTH OF ACTIVITY: One 50-minute class period

CONCEPT: An individual can track and manage personal health by using a personal health profile.

OBJECTIVE: Students will be able to develop a personal health profile identifying:

1. Immunizations
2. Diseases
3. Injuries
4. Surgery
5. Medical conditions, allergies, and medications
6. Height and weight
7. Daily health practices

MATERIALS REQUIRED:

"Personal Health Profile"—Student Worksheet
Supplemental Activity Sheet—Sample Profile

PREPARATION:

1. Photocopy the "Personal Health Profile" for each student.

2. Make a copy of the Supplemental Activity Sheet for each cooperative learning group or draw a facsimile on the chalkboard or newsprint so all students can see it well.

CONTENT AND SUGGESTED DISCUSSION/ACTIVITIES:

1. The focus of this lesson is on helping students to develop a personal health profile as a way to manage their own health-related decisions and achieve a healthful lifestyle. To motivate students to do this, it may be helpful to begin by asking how many students have had an injury or have had surgery. Encourage them to talk about their experiences with reference to these events.

2. Ask if they know what immunizations they have had, allowing students in the group to share about this. Then ask, "Why is it important or helpful to know what immunizations you have had?" Give students a chance to respond, then reinforce the point that maintaining a healthful lifestyle requires that we not only choose healthful types of behaviors, but also make sure that we check ourselves periodically to be sure that we are managing our health in the best way that we can. Reinforce that, even though it is desirable to get a complete physical checkup periodically, it is even more desirable to manage our health on a consistent basis. We can do this by use of a personal health profile.

Activity 1.

1. Distribute the student worksheet entitled, "Personal Health Profile," and have the children complete the worksheet to the best of their knowledge. When the children have completed the worksheet, discuss with them what they discovered in the process about their own health and their health-related behaviors. If any students have some serious concerns about what they discovered, it may be helpful to refer these students to the school nurse or counselor at a time that is convenient.

2. Ask the students to review their list and identify the specific aspects of their personal health profile that will protect them from infectious diseases. Compile a list on the board of the specific items from the personal health profiles that will help to avoid infections. Discuss these items with the students.

Activity 2

1. Place students into groups, and explain that you will give them a sample personal health profile that they are to review in an attempt to identify possible problem areas and to make recommendations to improve the profile where possible.

2. After students have had an opportunity to review the profile and to identify their recommendations for improvements, conduct a discussion with the entire class so as to include everyone's suggestions for consideration. List the observations and corresponding recommendations for improvement on the chalkboard or chart paper.

3. Discuss with the class how it might feel to be a concerned friend of the student with the problematic health profile. Then discuss how students can help themselves by maintaining and using their own personal health profile, and how they can help each other by giving feedback and encouragement to each other about their health practices.

4. Review the Personal Health Profile of Burt Sampson and identify potential problem areas the students may have missed. List the recommendations that you would make to Burt to improve his Personal Health Profile in order to achieve a healthier lifestyle.

HOME EXTENSION ACTIVITY

1. Inform the children that you would like them to take their Personal Health Profile home for their parents to review with them.

2. Encourage the children to post their profile on the refrigerator or a door where they will notice it and remember to practice healthy behaviors.

PERSONAL HEALTH PROFILE OF________________________	
IMMUNIZATIONS	DISEASES
MEDICAL CONDITIONS	INJURIES
SURGERY	HEIGHT AND WEIGHT

DAILY HEALTH PRACTICES:

____ Enjoys a balanced diet

____ Gets plenty of sleep each night

____ Exercises regularly

____ Washes hands before meals

____ Washes hands after using the toilet

____ Practices sound dental care

____ Bathes or showers frequently

____ Keeps learning about ways to stay healthy

____ Knows about HIV/AIDS and does not risk infection

____ Says "No" to drugs

____ Says "No" to smoking

____ Says "No" to alcohol

____ Does not take risks without weighing consequences and taking steps to avoid illness or injury

____ Talks to family, friends, or teachers when upset

____ Buckles up in the car for safety

PERSONAL HEALTH PROFILE OF BURT SAMPSON	
IMMUNIZATIONS Measles; polio	DISEASES Chicken pox, flu
MEDICAL CONDITIONS Overweight	INJURIES Broken collar bone; broken arm; broken leg
SURGERY Tonsils	HEIGHT AND WEIGHT 5' 182 pounds

DAILY HEALTH PRACTICES:

- ____ Enjoys a balanced diet
- ✓ Gets plenty of sleep each night
- ____ Exercises regularly
- ✓ Washes hands before meals
- ✓ Washes hands after using the toilet
- ____ Practices sound dental care
- ____ Bathes or showers frequently
- ____ Keeps learning about ways to stay healthy
- ____ Knows about HIV/AIDS and does not risk infection
- ✓ Says "No" to drugs
- ✓ Says "No" to smoking
- ✓ Says "No" to alcohol
- ____ Does not take risks without weighing consequences and taking steps to avoid illness or injury
- ____ Talks to family, friends, or teachers when upset
- ✓ Buckles up in the car for safety

Signature *BURT SAMPSON*

SUPPLEMENTAL ACTIVITY SHEET

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VI. APPENDICES

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Appendix A

GLOSSARY OF TERMS

The following terms are described in language that would be understandable for children in grades K through 3.

AIDS	A disease that is hard to catch, usually found in adults.
communicable	Contagious; can be spread from one person to another.
contagious	Can be spread easily.
disease	A sickness or illness.
germ	A tiny living thing seen only with a microscope that may cause disease.
HIV	The germ that causes AIDS.
microscope	A tool used for seeing things that cannot be seen with the eyes alone.
noncommunicable	Not contagious; cannot be spread from one person to another.
prevent	To stop or keep from happening.
risk	Something that involves the chance of danger or harm.
unique	Something that is special or different from others; one of a kind.

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Appendix A

GLOSSARY OF TERMS

The following terms are in language that would be understandable for children in grades 4 through 6.

acquired	Received or have.
AIDS	Acquired Immune Deficiency Syndrome—a disease that destroys the immune system in a person.
antibody	A part of the blood that helps kill germs.
casual contact	Normal everyday interaction with other persons, including hugging, kissing, or sharing eating utensils or towels.
deficiency	A lack of something.
donate	To give something without asking for anything in return.
epidemic	Wide and rapid spread of a disease.
hemophilia	A disease in which the blood does not clot as it should.
HIV	Human Immunodeficiency Virus which causes AIDS.
immune	Protected against a disease.
immune system	The body's system to fight off infection through infection-fighting cells.
Kaposi's sarcoma	A rare form of cancer.
pneumonia	A disease of the lungs.
risky	Dangerous.
syndrome	A sign of a disease.
T-cell	A white blood cell that helps to detect and get rid of disease.
transmit	To send from one person to another.
virus	A tiny germ that can grow and multiply only in living cells.

Appendix A

GLOSSARY OF TERMS

Teacher Guide

abstinence	Refraining from sexual intercourse and intravenous drug use.
Acquired Immune Deficiency Syndrome	A disease caused by the HIV virus which breaks down the body's immune system, making it vulnerable to opportunistic diseases.
adolescence	The period of physical and psychological development from the onset of puberty to maturity.
AIDS	The initials for the disease "Acquired Immune Deficiency Syndrome."
antibodies	Substances in the blood produced by the body's immune system to fight against invading organisms.
antigen	A substance that stimulates the production of antibodies.
asymptomatic	No apparent symptoms of illness even though the individual tests positive for HIV.
bisexual	A person who is attracted to someone of the same sex, or to someone of the opposite sex.
blood transfer	The act of transmitting blood from one individual to another. In pregnancy, it would occur between the mother and unborn baby through maternal/fetal circulation.
carrier	A person who harbors a specific infectious agent, in the absence of clinical disease, and serves as a potential source of infection.
casual contact	The usual daily interaction between people at work, in school, or in social situations.
communicable disease	A disease which may be transmitted directly or indirectly from one person to another. Such diseases may be caused by bacteria, viruses, or other organisms or their toxic products.

condom	Also referred to as a "rubber." A sheath used to cover the penis and prevent the exchange of body fluids during sexual activity.
contaminated needle/works	A needle or works that has been used, with infected blood or blood particles left on the needle/works to be passed on to the next user.
droplet spray	Organisms that are projected in droplets of water when an infected person coughs or sneezes and are received in the eyes, nose, or mouth of a nearby person.
ELISA	The initials for "Enzyme-linked Immunosorbent Assay."
Enzyme-linked Immunosorbent Assay	A test used in screening blood to determine the presence of HIV antibodies.
epidemic	An increased occurrence of a disease in excess of what is expected.
epidemiology	Branch of medical science which investigates the cause of epidemics and determines methods to control them.
fetus	Unborn baby developing in the uterus after the end of the second month of pregnancy. Before eight weeks it is called an embryo.
genitals	The external reproductive organs.
hemophilia	A hereditary clotting disorder characterized by excessive, sometimes spontaneous, bleeding.
heterosexual	A person who is physically and emotionally attracted to a person of the opposite sex.
HIV	Initials for "Human Immunodeficiency Virus."
HIV antibody test	A test used to detect antibodies against HIV in blood samples. This test does not detect AIDS but rather the virus that can cause AIDS.
homosexual	A person who is physically and emotionally attracted to a person of the same sex.

host	Any person in whom an infectious agent can live and multiply.
Human Immunodeficiency Virus	The virus that causes AIDS by attacking the body's immune system, making infected people vulnerable to fatal infections, cancer, and neurological disorders.
illegal drugs	Drugs that are not obtained through legal means or for legitimate medical purposes.
immune system	A body system that helps fight off invading organisms and disease.
immunization	A method of producing resistance to an infectious disease, usually by vaccination or inoculation.
incubation period	The time interval between invasion by an infectious agent and appearance of the first sign or symptom of the disease in question.
infected partner	Individual in a sexual relationship who is carrying HIV in his or her body.
infectious agent	An organism (virus, bacterium, etc.) that is capable of producing infection or infectious disease.
infectious disease	Disease caused by a pathogen and passed from one person to another.
intravenous drugs	Drugs that are administered through a needle and syringe and injected directly into a vein and thus into the bloodstream.
Kaposi's sarcoma	A cancer or tumor of the blood and/or lymphatic vessel walls. It usually appears as blue-violet to brownish skin blotches or bumps.
KS	Initials for "Kaposi's sarcoma."

lymphocyte	A type of white blood cell that is produced in the bone marrow. Some of these cells migrate to the thymus, where they develop as T-cells. Other lymphocytes that mature in the bone marrow or in organs other than the thymus are called B-cells. The B-cells manufacture antibodies, and the T-cells regulate antibody production. In healthy people about 60 percent of circulating lymphocytes are helper T-cells. With HIV, only about two percent of the lymphocytes are helper T-cells. With fewer helper T-cells, the body is unable to recognize and attack invading organisms.
noncommunicable disease	A disease that is NOT transmitted from person to person.
opportunistic infection	An infection caused by a microorganism that rarely causes disease in persons with a normal immune system.
organism	Any living thing, such as a virus, a bacterium, etc.
pathogen	An organism that causes disease.
PCP	The initials for "Pneumocystis carinii pneumonia."
pneumocystis carinii pneumonia	The most common life-threatening opportunistic infection diagnosed in AIDS patients. It is caused by a parasite, Pneumocystis carinii.
pregnancy	The condition of having a developing embryo or fetus in the body.
PLWA	Initials used for People Living With AIDS.
risk behavior	An activity that makes a person more susceptible or more likely to be exposed to HIV.
screened blood	Blood that has been tested for HIV antibody.
semen	The fluid that is expelled from the penis during sexual activity.
spectrum	A range of factors associated with HIV infection or a range of outcomes.

susceptible host	A person not possessing sufficient resistance against a particular organism to prevent contracting the infection when exposed to the organism.
T-cells	A class of lymphocytes that play a major role in carrying out the activities of immune system. Some T-cells are called "helper T-cells."
transfusion	The process used to replace blood or blood products.
transmission	The passing of infectious agents from one person to another.
virus	A microscopic organism that can cause infections.
Western Blot	A test used to identify the presence of HIV.

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ANSWERS TO QUESTIONS STUDENTS ASK ABOUT AIDS AND HIV

EARLY ELEMENTARY

When answering young children's questions regarding AIDS or HIV infection, it is helpful to associate this new information with concepts or experiences they are already familiar with. Rosmarie Hausherr, in her book, Children and the AIDS Virus, describes how our body's immune system fights the common cold virus. Then she discusses the virus that causes AIDS, the human immunodeficiency virus (or HIV), and in simple terms, explains how it is spread. She also introduces two children who have AIDS, five-year-old Jonathon and ten-year-old Celeste. Both children attend public schools and enjoy normal activities with healthy children. The reassuring text and appealing photographs will make HIV education enjoyable for both teachers and students alike. This is the best resource we have found for young audiences, grades K-5. Refer to the Resource Sections for ordering information. It is inexpensive and well worth the $15.00 price!

WHAT IS THE HIV EPIDEMIC?

1. How many people have AIDS?

Infection with the human immunodeficiency virus has caused a "global epidemic," known as a pandemic. Since AIDS only refers to individuals experiencing signs and symptoms of illness, it is also important to know how many people may be HIV-infected. The World Health Organization (WHO) estimates that approximately 13 million people are HIV-infected worldwide. One out of ten of these people live in the United States. As of September 1992, 220,00 people in the United States had been diagnosed with AIDS, with approximately 1 million to 1 1/2 million people infected. As of this same date, Arizona has 1,826 persons who have been diagnosed with AIDS, with an estimated 15–20 thousand persons HIV-infected..

2. Are any of these people children?

Yes. So far 90 young people nineteen years of age or younger have tested positive for HIV. Over 30 children are under the age of thirteen. Nationally, 3,692 children under the age of 13 have AIDS and approximately 10,000 children are believed to be infected.

ANSWERS TO QUESTIONS STUDENTS ASK ABOUT AIDS AND HIV

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3. Wasn't AIDS caused by homosexuals?

No. HIV disease has affected many homosexual men in the United States, but this is the result of the epidemic, not the cause. In some countries, HIV infection affects equal proportions of men and women. In the United States, sexual intercourse with an infected partner is the most common route of transmission, with anal intercourse the most dangerous type, regardless of whether the receptive partner is male or female.

4. Have any women in the United States become infected?

Yes. Women constitute the fastest growing group of persons with AIDS. As of September 30, 1990 there were 14,452 reported cases of adolescent and adult women with AIDS, representing a 49% increase from the previous year. Twenty-three thousand AIDS cases have been reported nationwide as of July 1992. In New York City, AIDS is the leading cause of death of women between the ages of 25-34. Because of the long latency period between HIV infection and the onset of symptoms, most were likely infected with HIV as adolescents.

5. Where did AIDS come from?

No one knows for sure, but there are many interesting theories. Most researchers agree that it has probably been around for a long time and simply mutated into what we know it as today.

6. I heard AIDS started in Africa with monkeys.

In the early days of the epidemic, there was a theory that perhaps humans became infected after being bitten by or possibly having eaten a breed of monkey known as the Green Monkey, which carries a virus similar to HIV. They were never able to prove this conclusively.

We do know that Africa has been devastated by the spread of AIDS. The primary reasons for this are: extreme poverty and little or no access to health care; lack of medical supplies or equipment which necessitates the reuse of needles without the benefit of sterilization in clinics and hospital settings; women prostituting themselves for food and shelter; and no test of the countries' blood supply.

7. **Who is most likely to get AIDS?**

The important point to keep in mind is that HIV is primarily spread through unprotected sexual intercourse and the sharing of unsterilized needles used to "shoot" IV drugs. Avoiding these behaviors can prevent the spread of HIV disease. Unfortunately, HIV has also been transmitted to infants born to infected mothers and to individuals who received blood transfusions or blood-clotting concentrates prior to 1985. Since 1985, we have been able to test the blood used for transfusions and dispose of infected units. This procedure has greatly increased the safety of our blood supply. As an added safeguard, people who are scheduled to have elective surgery can donate their own blood prior to the procedure.

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Appendix B

ANSWERS TO QUESTIONS STUDENTS ASK ABOUT AIDS AND HIV

WHAT IS AIDS?

What causes AIDS?

AIDS is the end result of an infection caused by the human immunodeficiency virus, or HIV.

How does HIV differ from cold or flu viruses?

One major difference is that HIV cannot be transmitted by casual contact (everyday contact in the home, school, or workplace). Some viruses, such as those that cause colds or flu, can be passed through casual contact, such as sneezing, coughing, or sharing eating utensils. There are no known cases of HIV that have been transmitted by such means. Of course, the diseases these viruses cause also are very different. These differences stem from the biology of each virus.

How is HIV infection like other sexually transmitted diseases (STDs)? How is it different from other STDs?

HIV infection is an STD, meaning that the virus that causes the disease can be passed from an infected person to an uninfected person during anal or vaginal intercourse, or oral sex. HIV is found in greatest concentration in semen, vaginal fluid, and blood. If one person is infected with HIV, the virus may be passed in these fluids during sexual intercourse.

Like other STDs, HIV infection can be prevented by abstaining from sexual intercourse or by having a monogamous relationship with an uninfected partner. The risk can be reduced by using a latex condom during sexual intercourse. Unlike most other STDs, HIV infection cannot be cured.

I have read about the "unknown risk" group of people with HIV infection. Could they have contracted it through casual contact or mosquito (insect) bites?

No. The "unknowns" are mainly (a) people who die before they can be questioned or are otherwise unavailable for questioning about risk behavior, (b) people who are too ill to provide information about themselves, and (c) people who were misdiagnosed.

Scientists have studied families and neighbors of HIV-infected persons and AIDS patients. No one in these studies has developed HIV infection or AIDS as a result of casual social contact, through sharing households, or via animals or insects.

Appendix B

ANSWERS TO QUESTIONS STUDENTS ASK ABOUT AIDS AND HIV

Can you carry the virus and not develop AIDS?

We do not know. Almost 50 percent of those infected with HIV have developed AIDS within ten years of being infected. More infected persons may develop AIDS over longer periods. In this respect, AIDS is like other diseases. You need to have the virus to get AIDS, but having the virus may not mean that you have to get the disease. One reason we cannot be sure how many of those infected will get the disease is that the virus was discovered in 1981, and it has a long incubation period (the time between infection with HIV and having symptoms of the infection). Most important, we do know that a person with the virus can transmit it to others even if the person does not have symptoms.

What is HIV-2?

HIV-2 is a virus that is closely related to the HIV-1 that causes AIDS in the United States. HIV-2 has been isolated in Africa, and in Africans in Europe and North America. It is transmitted in the same ways as HIV-1, and it causes the same symptoms and illnesses. It can be differentiated from HIV-1 only in special laboratory tests.

WHAT HAPPENS WHEN PEOPLE ARE INFECTED WITH HIV?

How long is the incubation period for AIDS?

The incubation period-the time between infection with HIV and having symptoms of the infection-ranges from a few months (usually in infants) to ten years or more (in adults).

What are the common symptoms of HIV infection?

Many people infected with HIV have no symptoms. As the infection progresses, people may develop persistent symptoms such as swollen lymph glands, severe tiredness, fever, loss of appetite and weight, diarrhea, and night sweats. Although these symptoms may indicate HIV infection, they are also common to many other illnesses. Continuation of the symptoms for more than two weeks in persons who have engaged in high-risk behaviors may indicate an HIV infection. Only a physician can diagnose the condition.

Appendix B

ANSWERS TO QUESTIONS STUDENTS ASK ABOUT AIDS AND HIV

How does HIV break down the immune system?

HIV kills certain cells of the immune system. These are the white blood cells, which protect a person from disease. Some white blood cells are called *T-cells* and *B-cells*. Some T-cells, called *helper cells*, help the B-cells produce antibodies against invading disease-causing organisms. Other T-cells, called *suppressor cells*, work to stop or suppress the attack against the invading cells once the infection has been controlled. In the person infected with HIV, the suppressor T-cells tend to outnumber the helper-T-cells, because HIV mainly attacks and kills T-helper cells.

How long can a person lead a normal life after developing AIDS?

Different persons who develop AIDS respond differently. Some persons are very ill throughout the course of the condition. Others remain in good physical condition or have alternating periods of health and illness for several years.

Why does a person die from AIDS and how long does it take?

Because their immune system has been weakened, people with HIV who go on to develop AIDS are subject to illnesses that do not usually develop in healthy people. People with AIDS die from these diseases, not usually from HIV infection directly. About 80 percent of people with AIDS have died within three or four years after diagnosis, most commonly from pneumonia. All persons who develop AIDS should be under the care of a physician and have access to drugs that can control the growth of HIV, such as zidovudine (often called azidothymadine or AZT), which was licensed in 1987, and newer, experimental treatments. If treatment is effective, life expectancy of AIDS patients will increase, but they will still have HIV infection, need medicine, and be at high risk for illness and death.

Does anyone ever survive AIDS?

Researchers say that it is too early to provide a sure answer for this question.

Is there an HIV test?

There are blood tests available to determine whether a person has developed antibodies to HIV. The presence of such antibodies means that the individual has been infected with HIV. However, the presence of the antibodies does not mean that the person has or will develop AIDS; some HIV-infected persons have become very ill, while others have not.

Is the HIV antibody test sometimes wrong?

Yes, but this is rare. Even though the test is very accurate, it is not perfect; no test is. The number of errors is minimized by repeating the test and following up with a more specific test before providing the results. Sometimes the test results can be positive when no antibodies are present (termed a *false positive*). Also, on rare occasions, an infected person can test negative (termed a *false negative*). A false negative is usually due to the fact that a person has not had enough time to develop sufficient antibody in their bloodstream in reaction to HIV. This typically takes twelve weeks after exposure.

HOW DO PEOPLE CONTRACT HIV?

How do people contract HIV?

HIV is transmitted during sexual intercourse; by sharing IV drug needles or syringes; by receiving contaminated blood; and from an infected woman to her fetus or infant during pregnancy, childbirth, or breast-feeding.

How contagious is HIV?

Transmission of HIV is limited because the virus does not survive or reproduce outside the human body (for example, in air or water). It is not contagious in the same way that flu, cold, or tuberculosis germs-transmitted through the air-are. HIV is mainly transmitted sexually and through shared IV drug needles or syringes. In comparison with other sexually transmitted diseases, HIV is much less contagious than germs of hepatitis B, herpes, or gonorrhea.

Can you contract HIV from giving blood?

No. There is no risk of HIV infection from donating (giving) blood. There never has been any risk for blood donors, because all the equipment used is new and sterile. The equipment is used only once and is then destroyed.

Can you contract HIV from anal sexual intercourse?

Yes, if your sexual partner is infected with HIV. Anal intercourse is considered the most risky sexual behavior for transmitting HIV.

Can you contract HIV from vaginal sexual intercourse?

Yes. In some countries other than the United States, heterosexual contact is the major mode of transmission, and about as many women as men get infected with HIV.

Appendix B

ANSWERS TO QUESTIONS STUDENTS ASK ABOUT AIDS AND HIV

Can you contract HIV from oral sex?

Possibly. Because persons who participate in oral sex also engage in other types of intercourse, findings from studies on this subject are inconclusive. It may be possible for HIV to be spread as one person's infected semen, blood, or vaginal secretions enter another person's mouth.

Can you contract HIV from casual contact?

No. "Casual contact" here means nonsexual contact (and not sharing contaminated needles or syringes).

No one should be afraid of contracting HIV by casual, social, or family contact. People can, for example, work with others, attend school and public events, and eat at restaurants without fear of contracting HIV. Similarly, persons caring for another family member who has HIV infection are not at increased risk for contracting the virus. Children attending school with another student infected with HIV are not at risk of becoming infected.

Can you contract HIV from kissing?

HIV is not transmitted through dry kissing, but there is no scientific consensus on the French-kissing question. Although the virus has been found in saliva in very small amounts, there have been no documented cases of transmission through saliva.

The only body fluids known to infect another person are semen, blood, and vaginal secretions. If both people kissing have open sores or cuts in their mouths, it is theoretically possible for one to infect the other with various germs. However, passing HIV this way has not been reported; it is considered a remote possibility for passing HIV. There are no reported cases of family members becoming infected by kissing, hugging, or sharing eating utensils when caring for persons infected with HIV.

Is HIV inherited?

No. HIV is not passed genetically from generation to generation. However, the virus can be transmitted to children from an infected mother during pregnancy, childbirth, or breast-feeding.

Appendix B

ANSWERS TO QUESTIONS STUDENTS ASK ABOUT AIDS AND HIV

Can a man transmit HIV to a woman?

Yes. There have been AIDS cases in women that have resulted from man-to-woman sexual transmission, particularly among women whose partners abuse IV drugs, including steroids. Any woman who participates in vaginal or anal intercourse or oral sex with an infected male is at risk for acquiring HIV.

Can a woman transmit HIV to a man?

Yes. Male sexual partners of infected women have become infected with HIV. In infected women, the vaginal secretions contain HIV.

Can HIV be passed by mosquitoes or other insects?

No. Research does not indicate that insects are capable of transmitting HIV or that they have ever done so. Studies in the United States and Africa, in towns where there have been many AIDS patients and mosquitoes, show that the cases occur only in sexually active adults and in needle-using drug abusers. In these studies, children and senior citizens do not contract HIV, despite living in the same households or neighborhoods and being bitten many times by the same insects. Both laboratory and community research findings confirm lack of transmission by insects.

Can a lesbian contract HIV?

Yes. Lesbians are at risk, as are any persons, if they use illegal intravenous drugs and share needles or syringes. Lesbians are also at risk when one partner is HIV-infected and sexual activity is practiced.

Can prostitutes spread HIV?

Yes. A number of prostitutes have shown evidence of HIV infection. Prostitutes often abuse IV drugs and have many sex partners.

How do children contract HIV?

Most HIV-infected children have contracted HIV from an infected mother during pregnancy or childbirth. A few became infected through blood transfusions with blood they received before 1985.

Appendix B

ANSWERS TO QUESTIONS STUDENTS ASK ABOUT AIDS AND HIV

Are married people at risk?

Married, uninfected people who practice sexual fidelity have virtually no risk of acquiring HIV. This holds true unless one partner acquired the virus prior to the marriage or currently abuses IV drugs, shares needles or syringes, and is nonmonogamous. The virus can then be passed sexually to the spouse.

Is it possible to become infected with HIV if you have sexual intercourse just once or twice?

Yes. There is ample scientific evidence that the virus is transmitted through sexual intercourse.

Can you tell if someone has HIV by looking at him or her?

No. You cannot tell from a person's appearance that he or she is infected with HIV. Most people who are infected with HIV are asymptomatic, meaning that they have no signs or symptoms of either HIV infection or AIDS. They look and feel healthy. Most of them do not know they are infected.

If a person is infected with HIV, does that mean he or she cannot ever have sexual intercourse?

It means that sexual intercourse bears with it the risk of transmitting the infection to others. Informed partners who decide mutually to have intercourse should use latex condoms and a spermicide containing an ingredient such as nonoxynol-9 every time they have intercourse, from start to finish.

My mom is a doctor (or a dentist or nurse). Can she become infected with HIV from one of her patients?

Only a few health care workers have contracted HIV on the job, usually as a result of being accidentally stuck with an infected needle. Since HIV cannot be spread by casual contact, health care workers are not in danger, except from "needle sticks" or when handling infected blood. Health care workers should always follow the standard precautions to protect themselves from infection by wearing protective gear such as gloves and by disposing of infectious material carefully.

HOW CAN HIV INFECTION BE PREVENTED?

If there is no cure for HIV infection, what is being done to prevent its spread?

Besides major efforts now aimed at developing treatments and vaccines, educational programs are the primary preventive measures. These programs attempt to give people the information they need to make appropriate decisions about their personal behaviors (involving sexual activity and drugs), to motivate them to practice safe behaviors, and to give them the skills they need to do so (such as knowing when and how to say no, and having the courage to risk loss of friendships, if necessary). Even if we had a medical solution to HIV infection, preventive education would still be considered the best way to control the virus.

What can I do to keep from contracting HIV?

You can reduce your risk of HIV infection by (a) abstaining from sexual intercourse, (b) practicing sexual fidelity with an uninfected partner, (c) using latex condoms and spermicide when engaging in sexual intercourse, and (d) not using intravenous drugs. Those who use IV drugs should never share needles or syringes. People who abuse drugs should go to their doctor or drug-treatment centers for help.

Can using a condom prevent HIV?

Yes. A latex condom, when used properly, can prevent trans-mission of HIV by presenting a barrier to semen or vaginal fluids containing HIV. No other form of contraception provides this protection.

However, condoms are not always effective. All too often latex condoms are used improperly. Usually this means that they are either put on too late or taken off too early. If latex condoms are used, they must be worn throughout sexual contact, and they must be worn during every sexual contact. For maximum effectiveness, a latex condom should be used with a spermicide containing an ingredient such as nonoxynol-9.

Should I get tested for HIV infection?

People need to decide this for themselves. Counseling and testing are good ideas for anyone who has engaged in risky behavior. Before being tested, a person should get counseling to understand what the test results mean. A positive test means a person is infected with HIV and can pass the virus on to other people through unprotected sexual intercourse or the sharing of IV drug needles or syringes-even if the previously infected person feels fine and looks healthy.

A negative test result means that a person is probably not infected with HIV; however, this does not guarantee that the person will never become infected. A person with a negative test result can still acquire HIV if he or she engages in risky behaviors with infected individuals.

Individuals who want to know more about testing for HIV should talk with their doctor or a counselor at a health clinic. It can take from six weeks to three months or more after infection for the antibodies to be detected in the blood. Therefore, if a person is concerned about a situation that may have put him or her at risk of HIV infection, he or she should see a doctor or go to a clinic to discuss HIV prevention and plan a possible schedule for being tested. During that time, the person must abstain from sharing IV drug needles or syringes and having sexual intercourse. If the person decides to engage in any type of sexual intercourse, he or she must use latex condoms and a spermicide with an ingredient such as nonoxynol-9.

HOW CAN HIV INFECTION BE TREATED?

Can HIV infection be cured?

No. Currently there are no drugs available that will destroy HIV or restore the immune system once it is damaged. However, zidovudine (formerly referred to as azidothymadine or AZT) can control the growth of HIV and has prolonged the lives of AIDS patients. Doctors can prescribe zidovudine. Licensed in 1987, zidovudine has severe side effects and is very expensive.

Will there be a cure for HIV infection in the near future?

Even though scientists worldwide are searching for effective treatments, a cure is not expected soon. Although some progress has been made in developing treatments for the "opportunistic diseases" associated with AIDS, many obstacles must be overcome in developing a medicine that can combat HIV and repair the damage HIV can do to the immune system, the brain, or other organs.

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What is being done for people who develop HIV infection?

Persons with HIV infection need both medical and social support services to help them cope and live with their condition. Though these types of assistances are increasing, more can and needs to be done. Also, their families need support. Legal efforts are being pursued to protect the rights of people with HIV infection to maintain their jobs, housing, educational opportunities, and medical care.

Is there a vaccine to prevent HIV infection?

No. Although scientists are working to develop vaccines, a solution has not been found.

WHAT SOCIAL ISSUES ARE RAISED BY THE HIV EPIDEMIC?

How should people with HIV infection be treated?

People with HIV infection should have equal access to medical and social services, employment, housing, and educational opportunities. They also need understanding and emotional support from friends and the community.

Should persons with HIV infection or AIDS be banned from public events, schools, and jobs?

No. Since HIV cannot be passed by casual contact, there is no reason that persons with HIV infection or AIDS should be kept from participating in the community.

Should a student with HIV infection or AIDS be allowed in school?

A student who is infected with HIV or has AIDS poses virtually no risk to other students. However, every case should be considered individually, and there may be times when people with AIDS cannot attend school because of their weakened condition or because of illnesses they have.

Should teachers and school cafeteria workers be required to take a test for HIV infection?

No. Since HIV is not spread by casual, nonsexual, everyday contact, neither teachers nor cafeteria workers with HIV infection or AIDS pose any risk for students.

TEACHING TIPS

HOW TO ANSWER STUDENTS' DIFFICULT QUESTIONS ABOUT AIDS

Often the most difficult and frightening part of AIDS education for teachers is not in presenting information but in answering questions about AIDS.

The following section has been developed to prepare teachers to feel confident and comfortable in answering children's questions, particularly those questions that relate to morals and values.

STEPS: HOW TO ANSWER DIFFICULT QUESTIONS

1. **Listen carefully**

   Often when students ask questions about sex, illness, death, or emotional issues, they tend to ask long, convoluted questions. Adults may "tune out" or become embarrassed themselves. During this process, both child and adult can be drawn away from the main issue. Developing good listening skills will help the adult answer the child's question.

2. **Take a deep breath**

   Taking a deep breath serves two functions:

   A) It gives you time to think.
   B) It brings extra oxygen to the muscles, allowing you the chance to relax before answering a difficult question.

3. **Question yourself**

   Ask yourself what question the student is ***really*** asking.

4. **Restate the question**

   If you believe you understand the question, restate the question as you understand before you attempt to answer it.

   If you are unsure about the question, ask the student to restate it. This technique allows the student to clarify the issue in his or her own mind and restate the question in his or her own words.

5. **Answer the restated question**

   Once you understand the question, answer it. Briefly, honestly and directly. DO NOT add related information.

6. **Check the student's comprehension**

   Ask the student to explain to you what they learned or understand from your discussion.

7. **Correct errors or omissions**

8. **Praise the student**

   Students may ask questions that are important or silly. Regardless of the nature of the question, always praise the student for asking the question!

This process may seem awkward at first, but with practice these steps make answering students' questions easier for adults. More important, it allows teachers to present information in a manner that is helpful to the student.

Remember also that teachers should never feel that **they must answer every question**. It is important to acknowledge the importance of the question and praise the child for asking the specific question. However, teachers should not feel that they must be experts on everything or feel compelled to take a moral stand on all issues. Referring students to other resources on specific issues is not only acceptable but also an important teaching technique. By identifying a variety of other resources the teacher helps the students understand that they are not alone, that there are a variety of "helpers" available. Key resource people to mention are parents, clergy, school personnel such as nurses, counselors, social workers, administrators, and community "helpers" or agencies.

PWA TALK

Objectives

Students will develop a sense of understanding, acceptance and compassion for Persons With HIV/AIDS(PWA).

Overview

A person with AIDS shares their experiences living with the disease and answers student questions. Students discuss their reactions in pairs, or in a class discussion. A session with a PWA should not be scheduled until students have a good understanding about HIV.

Time

40 minutes (20 minutes for the speaker, 20 minutes for discussion.)

Materials and preparation

A chair in front of the room, butcher paper, marking pen.

Before selecting a Person With HIV/AIDS to speak to your group, be sure that the person is: articulate, able to respond to personal questions (including knowing how to refuse to answer certain questions), healthy enough to handle speaking before a group, and experienced in speaking before groups about his/her condition. Once you have selected your speaker be sure to provide him/her with information about the type and length of presentation you want as well as information about the intended audience. A teen PWA or someone who believes that their infection with HIV occurred during their teen years is highly desirable when selecting the speaker.

Because many Persons With HIV/AIDS are symptomatic, the person you select may be feeling too ill on the day of the scheduled presentation. Therefore, be prepared to have an alternate activity, such as the Loss Activity (page 182) or show a video featuring a PWA.

Write guided questions for students' discussion on butcher paper.

KEY POINTS

- PWAs are just like everyone else except they are struggling with a difficult disease.
- PWAs deserve our compassion, acceptance and understanding.
- PWAs can aid in presenting information and dispelling myths.

Procedure

1. Introduce the PWA speaker, using his/her preference for how to introduce them. Some PWAs would like to preserve their anonymity by being introduced by first name only.
2. Ask the speaker to present his or her "own story" to the group.
3. Allow students to ask questions of the speaker.
4. After the speaker leaves, assign students in pairs or let them choose a partner to discuss the experience and how it affected them using the following guided questions:
    a) What surprised you most?
    b) What upset you most?
    c) What new information did you learn?
    d) What question(s) would you have liked answered?
5. Pull the whole group back together and ask for comments to summarize this activity.
6. This activity personalizes and humanizes HIV/AIDS. It is an opportunity for students to hear first hand from a person who is living with HIV infection or AIDS. This could be the impetus for building hope and compassion.

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Classroom Tips

- Prepare students to write their questions ahead of time. This can be an effective screening device to avert embarrassing questions for the speaker and to help direct the discussion.

- When inviting a Person with HIV/AIDS into the classroom, be sure to follow district or school's policies about outside speakers and about controversial topics. This activity may require advisory committee input and approval. Inform parents and school administrators of the time and day of the presentation. Encourage key parent or administrative representatives to attend.

- You may want to spend some time getting to know the PWA speaker before the actual presentation. This could help you to direct discussion and to develop a personal comfort with your guest. A teen PWA or someone who believes that their infection with HIV occurred during their teen years is highly desirable when selecting the speaker.

- Your PWA speaker may arrive early–be aware that s/he may have limited stamina and you may need to rearrange your agenda to accommodate for the speaker.

- Be ready with alternatives, such as the Loss Activity or a poignant video, such as "Teen AIDS In Focus".

- Be sure that you preview any audio visual that you select as a substitute for the PWA talk. There are many AVs that show how HIV/AIDS has a dramatic impact on people's lives.

Appendix B

THE LOSS EXERCISE

1. Ask your participants to take out a blank sheet of paper, preferably at least 6"x9" steno size, and fold in thirds–as you would a letter. (Demonstrate) Tear paper along fold lines, place strips one behind the other and tear them in half. (Demonstrate)

2. Inform participants that you will be asking them to write some information on each of the pieces of paper. Proceed with the following statements or questions:

    a. Write down the physical feature you like most about yourself. We tend to be so CRITICAL ABOUT OURSELVES! So, for a moment think positively . . . do you have beautiful eyes? Has anyone ever commented on your hair? Do you have a dynamite nose? Write!

    b. Now write down one activity you really enjoy doing. It there's some smirking, just say, good-naturedly, "O.K., Keep it clean!". Suggest things like hiking, sports activities, bike riding (motorized or not!) swimming, etc.

    c. Write down one possession you own that you really value–this needs to be a THING, i.e., skateboard, TV, a bike of some kind, jewelry.

    d. Now this one is tricky. You don't even have to write it on a slip of paper, but when you see that blank sheet, you need to be thinking of something very specific. Think of one thing about you that you really would not like to share with other members of this class. Maybe it's something very embarrassing that happened to you. Maybe it's something very painful and private. It is a secret, that few if any people know.

    e. Finally, write down the name of your best friend. It can also be a relative, but whoever it is, it needs to be someone who is very special in your life.

    f. The sixth piece of paper you can toss!! (or after doing the exercise, participants can come up with another relevant category, which can prove interesting!)

Explain that when a person becomes infected with HIV, and begins to develop symptoms of illness, many things can begin to change in his or her life. Physical features can begin to change. The virus can cause a wasting syndrome leading to dramatic weight loss. Vision can become so impaired that without expensive medication, a person's eyesight can be lost. A rare form of cancer, Kaposi's Sarcoma, can create lesions or numerous purplish marks all over the body, including the face, which cause many people to isolate themselves rather than face the stares of strangers.

The symptoms of AIDS create tremendous fatigue . . . after all the person's immune system is fighting a constant battle against the HIV. So, many activities the person used to enjoy doing are no longer possible. The person may make the effort to get up and get dressed, and will immediately need to rest for an extended period of time.

The cost of maintaining one's health once a person is infected with HIV is astronomical. Now that drugs such as AZT and DDI are used as preventatives--drugs which can slow down the replication of the virus, but not eliminate it, a person can live longer, but may lose everything they own in the process. Special food supplements can cost $200.00 a day, AZT as much as $800.00 a month, and regular treatment with aerosolized pentamidine, and additional $200–$300.00 per visit. Patients are often so young that they have not worked long enough to receive more than $400.00 a month in social security benefits. Items that you hold dear are usually sold to pay for medications or hospital bills.

Perhaps the toughest part of acquiring HIV infection is that it may be sexually transmitted or acquired due to intravenous drug abuse. Having to admit these behaviors to family and friends can be extremely difficult. Perhaps your family did not know you were sexually active. Perhaps it means telling a family member that your sexual orientation is different from their own. Such "secrets" have unfortunately been known to break up families or cause the loss of close long-term friendships. What would happen if YOUR secret were public knowledge? How would you feel? Do you think your closest friend(s) would remain friends?

Well, the good news is, you don't ever have to find out. Your secret is safe. Your friendship is still intact. That possession you love is still there and you can still enjoy the activities you love. Your body is not ravaged by a virus for which there is no cure. You are in control. HIV is extremely hard to "get" unless you put yourself in harm's way. Take care.

Appendix B

TALKING ABOUT SEXUALITY IN CLASSROOMS

Effective teaching about AIDS requires frank talk about sexuality. Although the usual techniques of good teaching do not change, a few guidelines can help any teacher when talking about sexuality in any class at any grade level.

1. Personal boundaries need to be respected. Students should not be asked to disclose opinions about sexuality if they do not wish to do so. Neither teachers nor students are expected to reveal personal experiences in these classes.

2. Each person has his or her own personal values about sexuality, and these will not be the same for everyone in the class. Differences are acknowledged and accepted. People are not put down for their values.

3. In discussions, it is necessary to clarify the difference between statement of fact ("It is true that . . .") and personal opinion ("I believe that . . ."). The teacher may occasionally need to assist students with such clarifications.

4. Establish confidentiality rules for the class. This means that personal opinions, values and experiences shared in the class are not discussed with others outside of the class. The teacher is also expected to maintain confidentiality, except in an instance where something illegal or dangerous (such as sexual abuse) is disclosed in class.

5. Anyone, including the teacher, may be embarrassed by questions or discussions about certain aspects of sexuality. This is normal, expected and acceptable.

6. Any question is reasonable. The teacher will not know all the answers. The teacher and class together can figure out how to respond to unanswered questions.

7. If any students have complaints about the topic, the method of teaching, or other aspects of the class, they are encouraged to discuss them directly with the teacher.

8. Not all young people participate in sexual relations. A recent study in California indicates that about 1/2 of high school students choose abstinence, which is a safe and healthy choice. It is a choice which needs to be honored and encouraged. However, many students are sexually active. Present information about AIDS so that there are messages for both sexually active and sexually abstinent students that will prevent infection with the HIV/AIDS virus.

Adapted from: Marcia Quackenbush and Pamela Sargent. ***Teaching AIDS: A Resource Guide on Acquired Immune Deficiency Syndrome.*** Rev. ed. Santa Cruz, CA: Network Publications, 1988.

Appendix B

GUIDELINES FOR CONDUCTING COOPERATIVE LEARNING ACTIVITIES

Group Size: Groups of 2, 3, or 4 appear to work the best. Groups can be selected according to prescribed criteria or chosen at random.

- **Criteria choices**: Form groups that mix student abilities. Mix ethnic backgrounds, personalities, and sexes. Remember that the hidden purpose of forming your students into cooperative learning groups is the improvement in social behaviors that will often result.

- **Random choices**: Number students off at random to form groups. Playing cards dealt out at random achieves the same purpose. Cut different lengths of paper and distribute at random. Students have to find others with the same length of paper and form groups.

Individual and Group Accountability: Label group members a, b, c, d. Assign the original group only a portion of the overall task (group one answers only questions 1-3 of a handout, group two answers questions 4-6, etc). Then have all a's gather, all b's, etc. These groups discuss answers to all questions.

Roles of Group Members: Here are some roles that students could perform. Role assignments should rotate so students can have the opportunity to experience different responsibilities.

• **Reader**:	Reads the question(s) to the other members of the group.
• **Recorder**:	Records answers of the group. Also helps to keep the group on its task and time line.
• **Reporter**:	Reports the group progress to the rest of the class.
• **Praiser**:	Praises the group for its hard work. Looks for things to praise in the group . . . sharing, listening, cooperating.
• **Observer**:	Works with the teacher to observe the behaviors the teacher wants the groups to exhibit. Often not part of any group that day.
• **Checker**:	Monitors the emotional level of the group and conducts an "attitude check."

Academic and social skills to encourage in cooperative learning:

- **Academic skills** - Asking questions, following directions, staying in own area, staying on task, paraphrasing, giving opinions, summarizing, reporting accurately, separating information from opinions.

- **Social skills** - Encouraging, sharing ideas and feelings, looking others in the eye, inviting others to talk, disagreeing in an acceptable way, maintaining calm attitude, listening actively.

The teacher should:

- Point out the good academic and social behaviors, not the bad.
- Clearly state what the students are to do and the time frame in which they should complete the task.
- Let students know what is expected of the entire group.
- Observe and monitor carefully.
- Take time to let the students know how the groups behaved in relation to the behavior expected. Always focus on the positive.

Adapted from: Thomas Camille, Holt Education Consultant. ***Ideas for Learning Cooperatively.***

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LEADING AN OPEN-ENDED DISCUSSION

Using an open-ended discussion format is recommended for teaching about AIDS. The sensitivity of the subject matter requires that students feel free to ask questions and participate in class discussions. The following procedures should be used when leading an open-ended discussion:

1. **State the ground rules.**

   For AIDS prevention classes, these can include respecting personal and family values, respecting privacy and confidentiality, and providing ways for students to ask questions anonymously.

2. **Set the focus for the discussion.**

   Each lesson has a clearly stated focus which should be communicated to the students at the beginning of the discussion. Keep the students focused on the topics that will accomplish the objectives of each lesson.

3. **Acknowledge student contributions.**

   Allow all students to contribute to the discussion who wish to do so. React to their comments in a nonjudgmental manner. If a student's contribution is not appropriate classroom behavior when discussing any topic, be consistent with established discipline, however.

4. **Clarify student responses.**

   Without changing the students' intended meaning, reword their answers to redirect the focus of the discussion.

5. **Summarize the discussion.**

   Repeat the major points that have been brought out and relate them to the objectives of the lesson.

AIDS
IS PREVENTABLE

Human Immunodeficiency Virus (HIV)

Human Immunodeficiency Virus (HIV)

HUMAN

affecting people, not animals

IMMUNODEFICIENCY

the immune system is not protecting the body against unusual diseases or infections

VIRUS

a microscopic organism that can cause infections

AIDS
IS PREVENTABLE

Acquired Immune Deficiency Syndrome (AIDS)

Acquired Immune Deficiency Syndrome (AIDS)

ACQUIRED

not inherited:
not a result of illness

IMMUNE DEFICIENCY

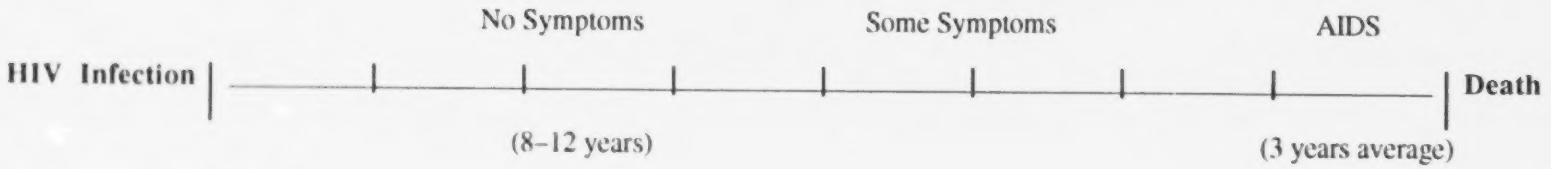
the immune system is not protecting the body against unusual diseases or infections

SYNDROME

a variety of specific diseases occur

AIDS
IS PREVENTABLE

HIV SPECTRUM



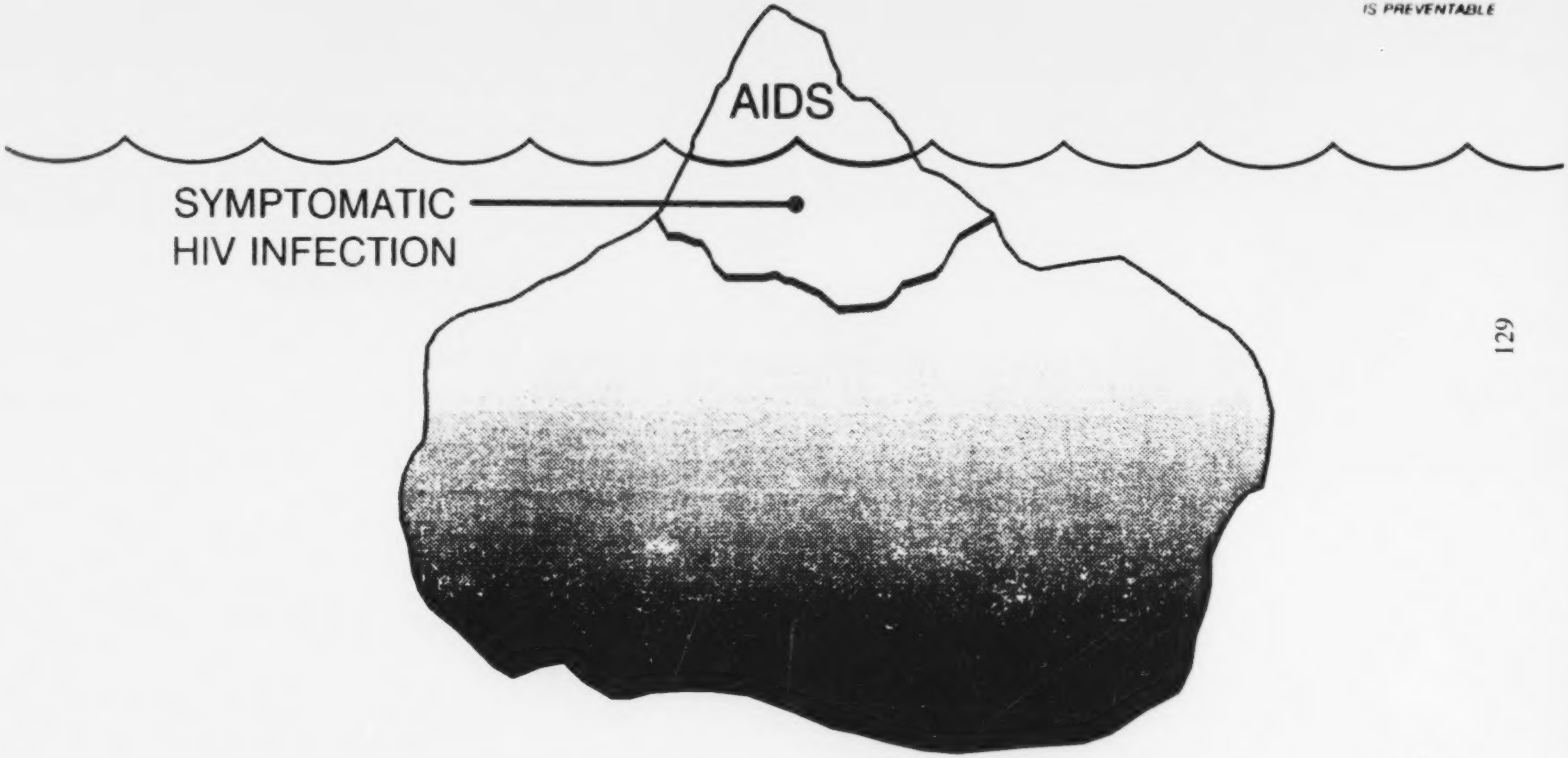
No Symptoms
Some Symptoms
AIDS

HIV Infection
Death

(8–12 years)
(3 years average)

THE ICEBERG

AIDS
IS PREVENTABLE


AIDS
SYMPTOMATIC HIV INFECTION

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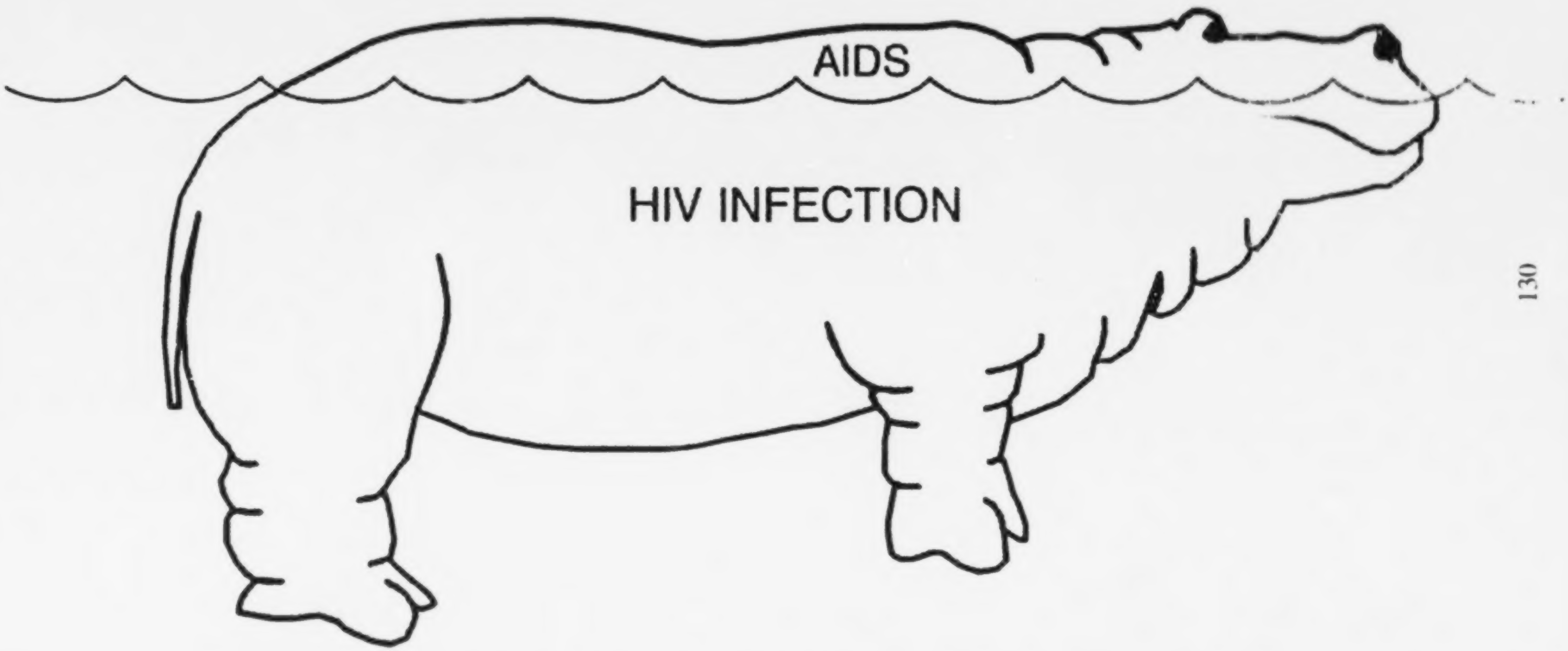
THE HIPPOPOTAMUS

AIDS
IS PREVENTABLE

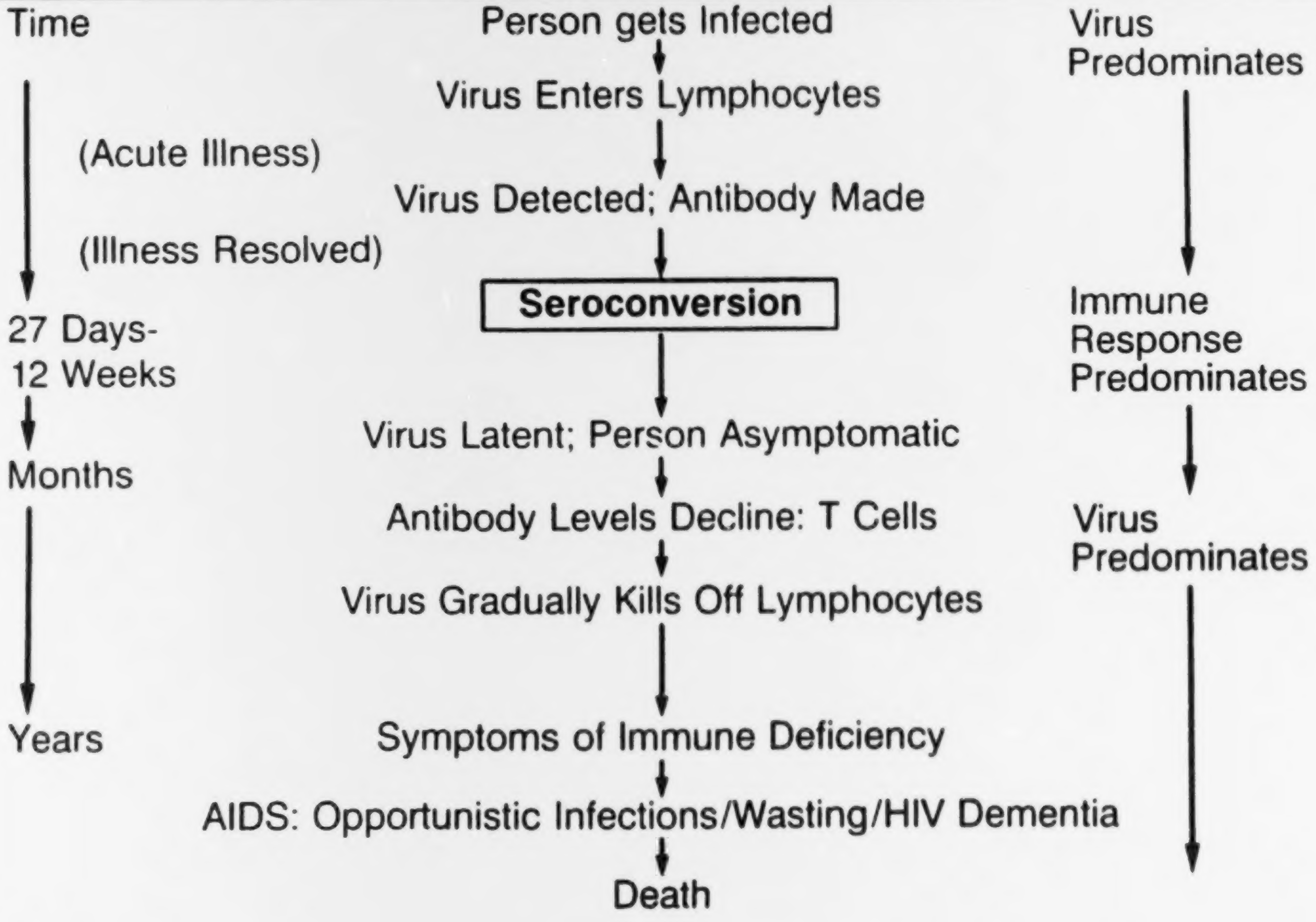

AIDS
HIV INFECTION

Concept by Lester Wright, M.D. and his Malawian friends

Oregon Islon® 1989

HIV DISEASE PROGRESSION

AIDS
IS PREVENTABLE



Time

(Acute Illness)

(Illness Resolved)

27 Days-
12 Weeks

Months

Years

Person gets Infected

Virus Enters Lymphocytes

Virus Detected; Antibody Made

Seroconversion

Virus Latent; Person Asymptomatic

Antibody Levels Decline: T Cells

Virus Gradually Kills Off Lymphocytes

Symptoms of Immune Deficiency

AIDS: Opportunistic Infections/Wasting/HIV Dementia

Death

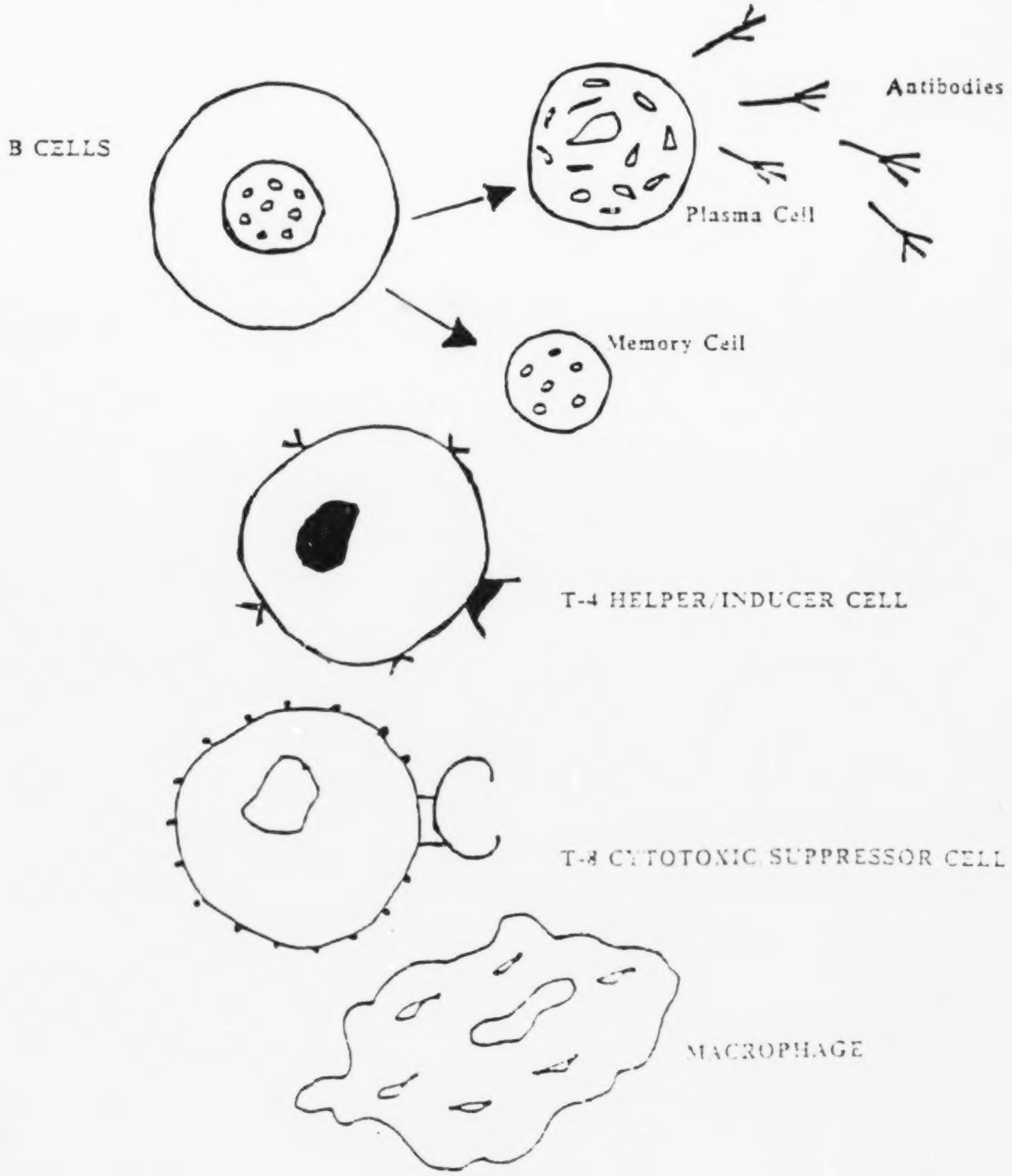
Virus
Predominates

Immune
Response
Predominates

Virus
Predominates

Oregon Health Division® 1989

MAJOR ACTORS IN THE IMMUNE SYSTEM


B CELLS
Antibodies
Plasma Cell
Memory Cell
T-4 HELPER/INDUCER CELL
T-8 CYTOTOXIC/SUPPRESSOR CELL
MACROPHAGE

WHAT IS AN ANTIBODY?

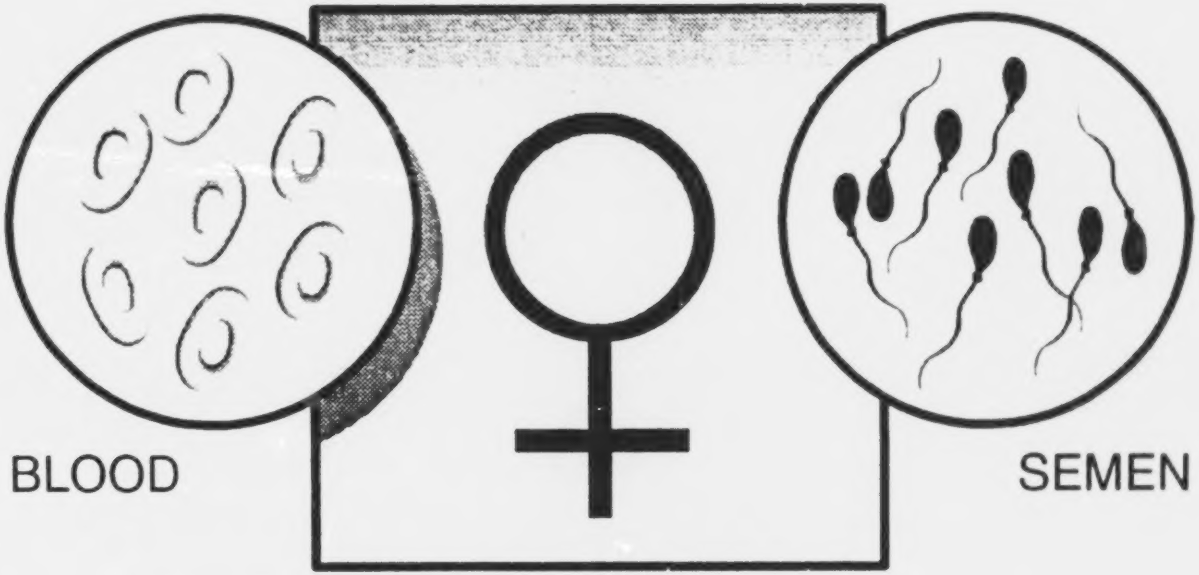
ANTIBODIES ARE SUBSTANCES (PROTEINS) MADE IN THE BLOOD TO FIGHT HARMFUL ORGANISMS–LIKE VIRUSES AND BACTERIA–THAT ENTER THE BODY.

ANTIBODIES ATTACH TO THE "ENEMY" ORGANISM AND DESTROY IT.

WHEN A PERSON HAS THE HUMAN IMMUNODEFICIENCY VIRUS, THE BODY CAN'T MAKE ENOUGH ANTIBODIES TO DESTROY THE VIRUS.

HIGH *RISK BODY FLUIDS*

AIDS
IS PREVENTABLE



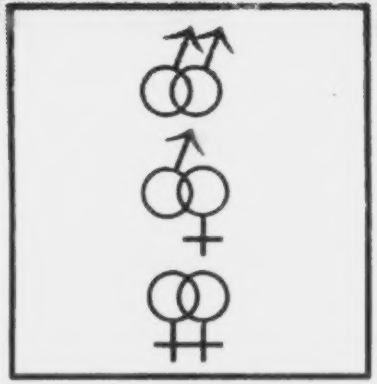
BLOOD

SEMEN

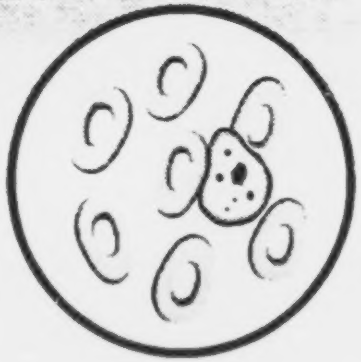
VAGINAL/CERVICAL
SECRETIONS

HIV **IS** SPREAD BY:

AIDS
IS PREVENTABLE



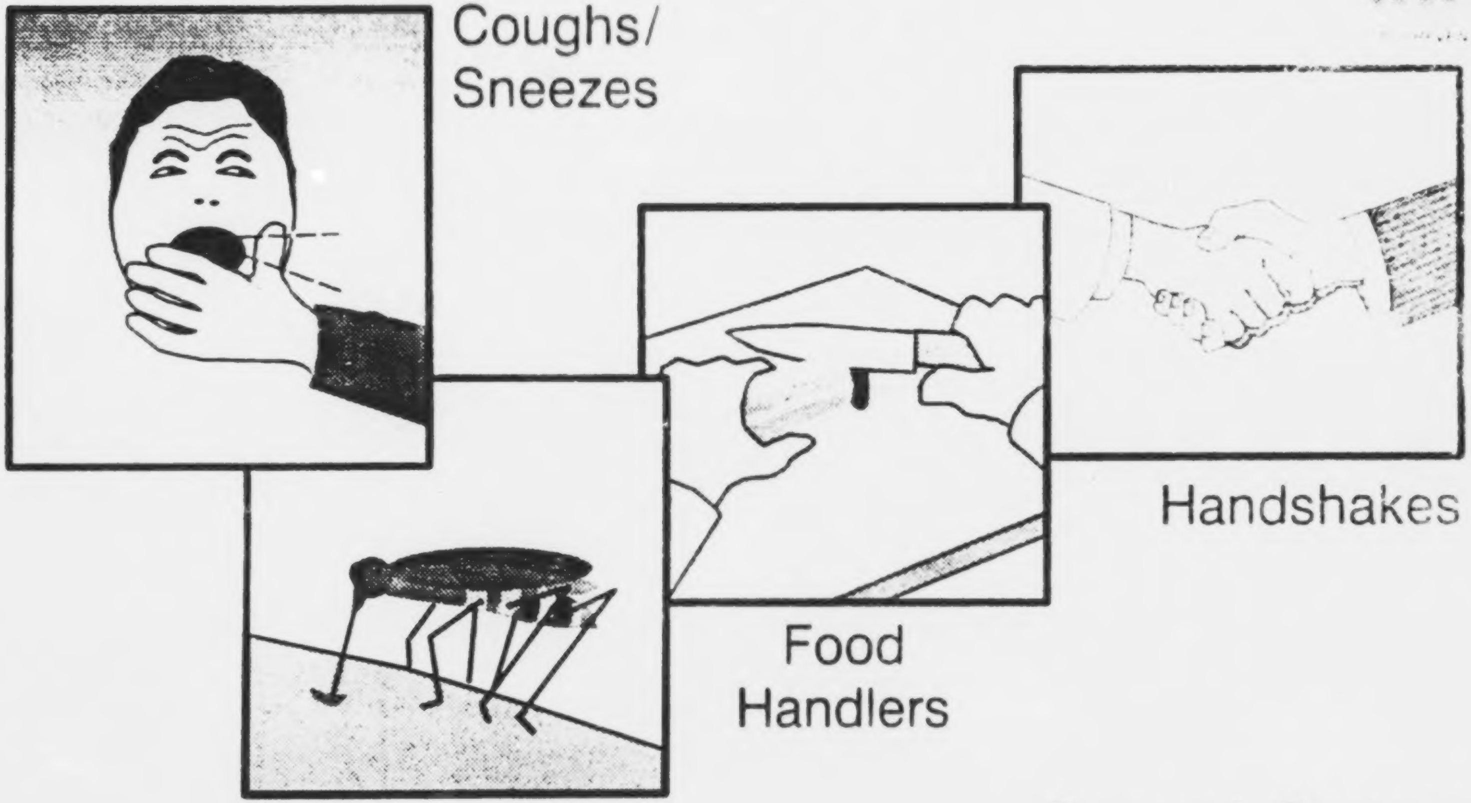
UNSAFE SEXUAL CONTACT



INFECTED BLOOD

INFECTED MOTHER TO FETUS OR NEWBORN

HIV IS **NOT** *SPREAD BY:*



Coughs/
Sneezes

Handshakes

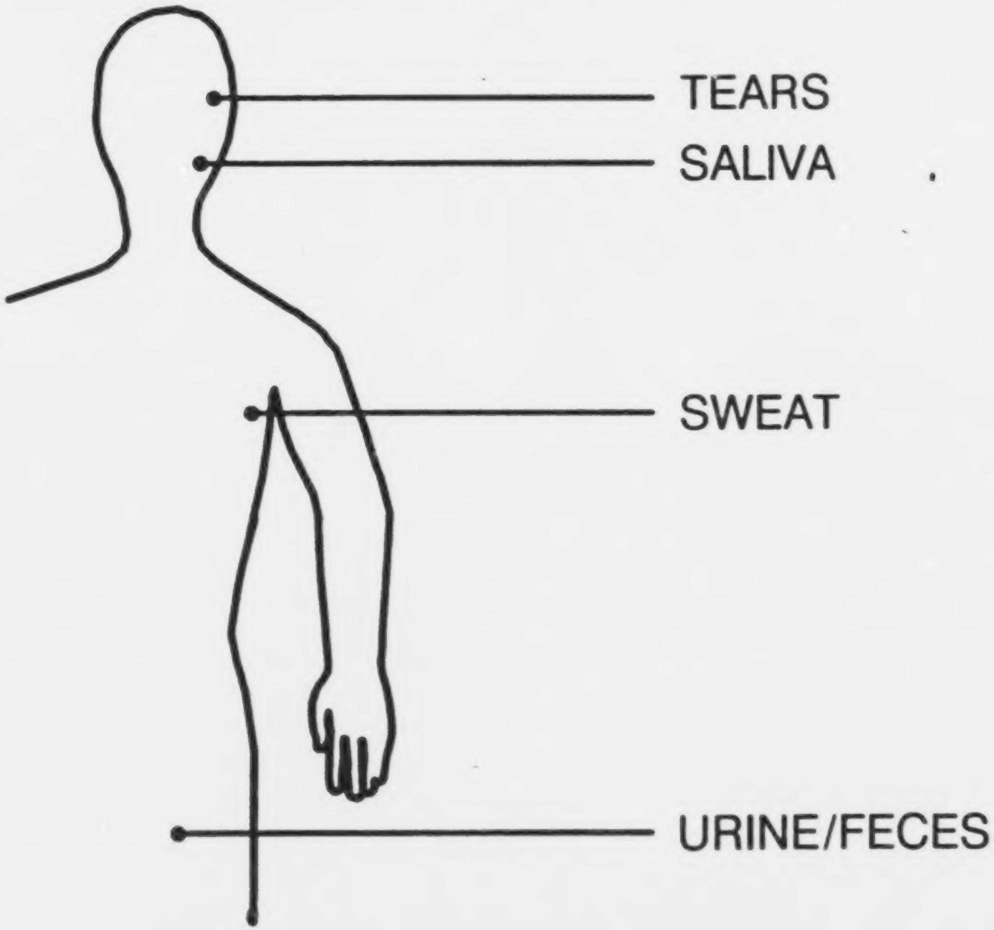
Food
Handlers

Insects

...Casual Contact

LOW *RISK BODY FLUIDS*

AIDS
IS PREVENTABLE



TEARS

SALIVA

SWEAT

URINE/FECES

RISK FOR HOUSEHOLD CONTACTS

AIDS
IS PREVENTABLE

- 101 Non-Sexual Household Contacts of 39 HIV Infected Patients
- Median Follow-Up 22 Months
- No Contacts Positive (Except Newborn of Infected Mother)

RISK FOR THOSE LIVING WITH CHILDREN WHO ARE HIV INFECTED

AIDS
IS PREVENTABLE

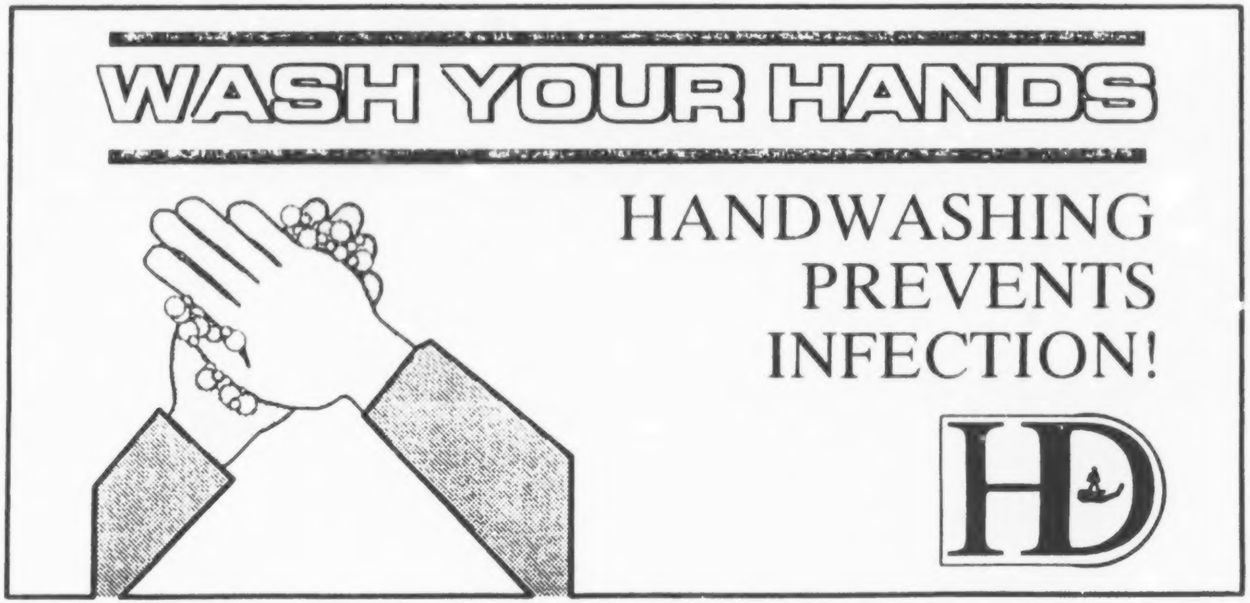
- 47 Household Contacts Without Other Risk Factors for HIV
- Mean Follow-Up 36 Months
- 0/47 HIV Positive

AIDS
IS PREVENTABLE

HIV DISEASE IS PREVENTABLE

. . . IF BEHAVIORS CHANGE

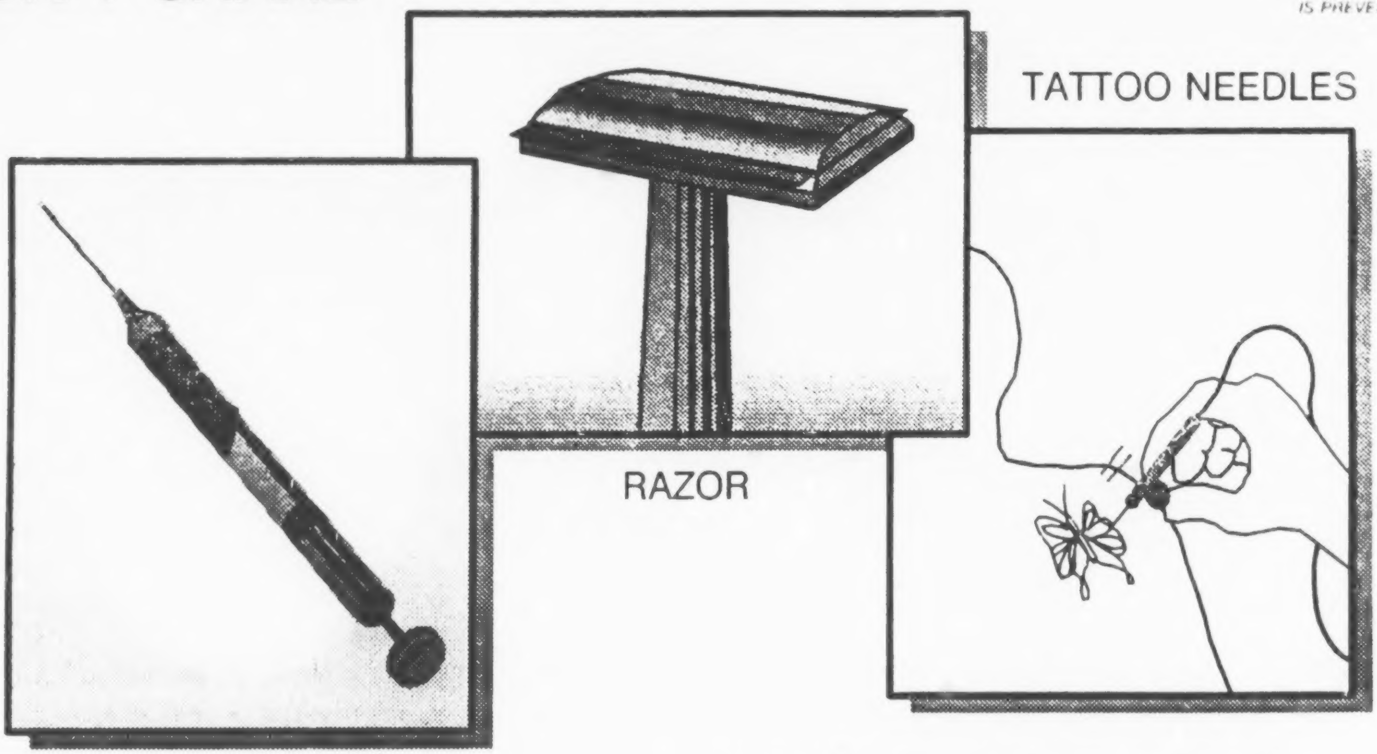
HANDWASHING


WASH YOUR HANDS
HANDWASHING PREVENTS INFECTION!
HD

PREVENTIVE MEASURES: BLOOD

DON'T SHARE

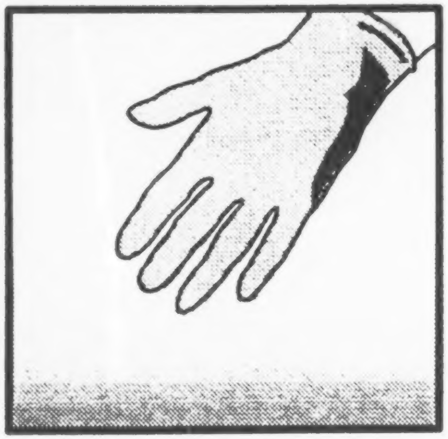
AIDS IS PREVENTABLE


TATTOO NEEDLES
RAZOR
NEEDLES

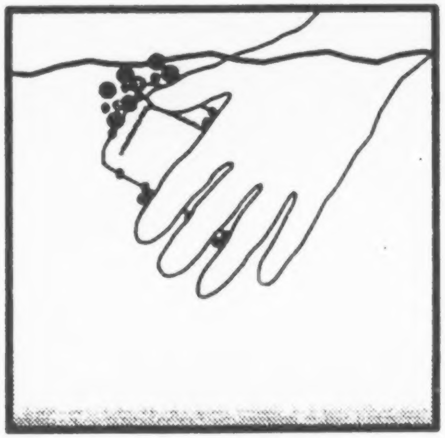
...Any Sharp Instruments

INFECTION CONTROL

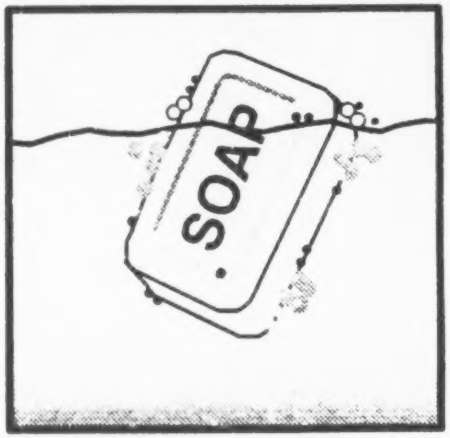
AIDS
IS PREVENTABLE



WEAR
GLOVES



WASH
HANDS



DECONTAMINATE
Soap and Water
Disinfectant

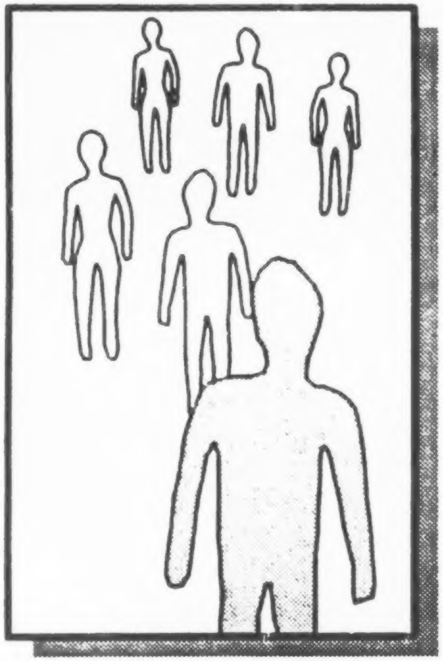
PREVENTIVE MEASURES: PERSONS AT HIGH RISK

AIDS
IS PREVENTABLE

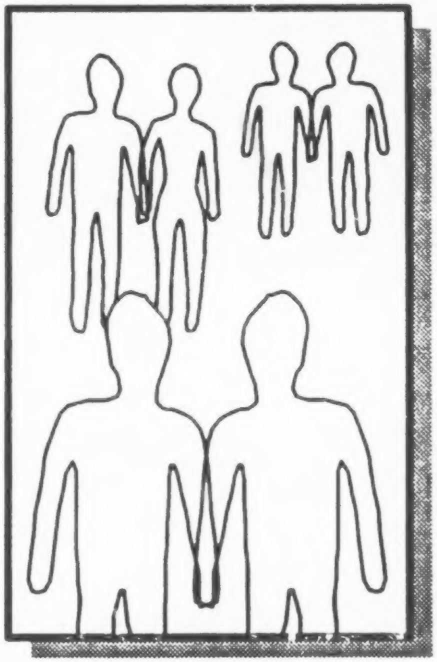
- Do Not Exchange Body Fluids
- Consult Health Professional Before Getting Pregnant
- Do Not Donate Blood, Plasma, Semen, Organs, and Other Tissues

PREVENTIVE MEASURES: SEX

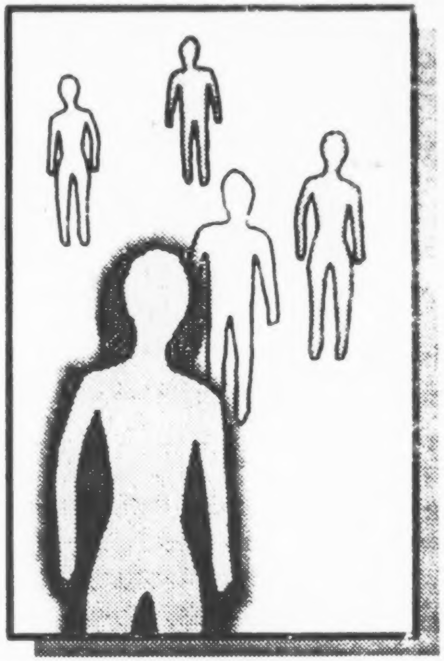
AIDS
IS PREVENTABLE



ABSTINENCE



MONOGAMY



SAFER SEX

SYMPTOMATIC HIV INFECTION

AIDS

- Generalized Lymphadenopathy
- Unexplained Weight Loss
- Chronic Diarrhea
- Other Immunologic Abnormalities

EXAMPLES OF OPPORTUNISTIC INFECTIONS AND CANCERS

Protozoa:

Pneumocystis carinii
Pneumonia

Viruses:
Severe Herpes simplex

Bacteria:
Extrapulmonary
Tuberculosis

Fungi:

Candida albicans-
Esophagus, Lungs

Cancers:
Kaposi's Sarcoma
< 60 Years Age
Lymphoma of the Brain

Undefined:
Wasting Syndrome
HIV Dementia

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CHALLENGES:

AIDS IS PREVENTABLE

1. Population at Greatest Risk is Most Difficult to Reach
2. Most Carriers are Healthy but Infectious to Others
3. Minorities Disproportionately Affected
4. End Stage Disease Fatal, Incurable
5. Most of Population at Low Risk but Terrified of AIDS
6. Patients with AIDS/Related Conditions are Often Stigmatized

INFECTION CONTROL

AIDS
IS PREVENTABLE

- Cover Open Sores and Lesions
- Use Caution When Handling Blood/Body Fluids
- Protect Skin and Mucous Membranes
- Discard Contaminated Disposables
- Clean/Disinfect Reusable Supplies
- Wash Hands Thoroughly

TRANSMISSION OF HIV REQUIRES DIRECT PLACEMENT OF INFECTED MATERIAL:

AIDS
IS PREVENTABLE

- Into the Blood Stream
- Under the Skin
- Into a Body Orifice

UNIVERSAL PRECAUTIONS

AIDS
IS PREVENTABLE

- Blood/Body Fluids from All People are Potentially Infectious
- Use Barriers
- Treat Everyone the Same
- Confine and Contain

UNIVERSAL PRECAUTIONS

AIDS
IS PREVENTABLE

If It's Wet, Think Barrier.

EFFECTIVE HIV DISINFECTANTS*

AIDS
IS PREVENTABLE

- 1% Household Bleach
- 50% Ethyl Alcohol
- 35% Isopropyl Alcohol
- 0.3% Hydrogen Peroxide
- 0.5% Phenol
- 0.5% Lysol

*EPA Number
*Examples Only

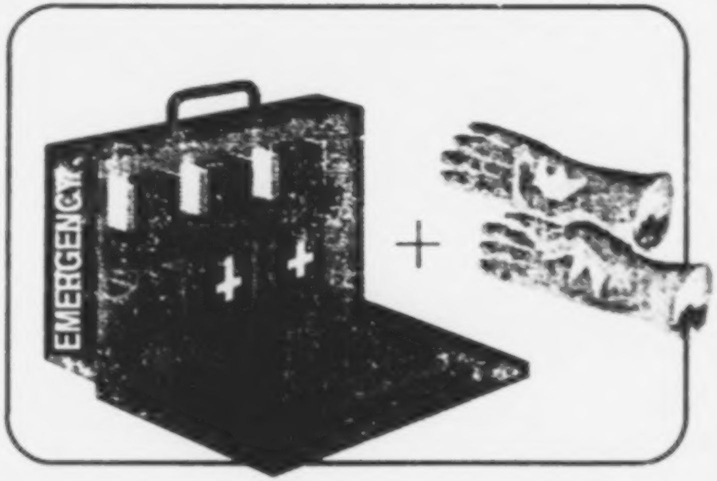
EMERGENCY / INFECTION CONTROL KIT WILL PROVIDE:

- Aid for the Injured Person
- Protection for the Caregiver
- A Safe Environment

INFECTION CONTROL

The Precautions Include:

AIDS
IS PREVENTABLE

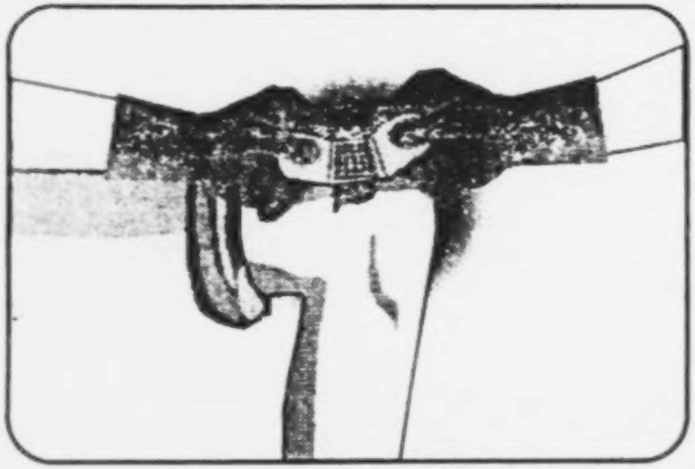


1. Persons giving emergency care should use first aid kit that includes plastic or rubber gloves.

INFECTION CONTROL

The Precautions Include:

AIDS
IS PREVENTABLE

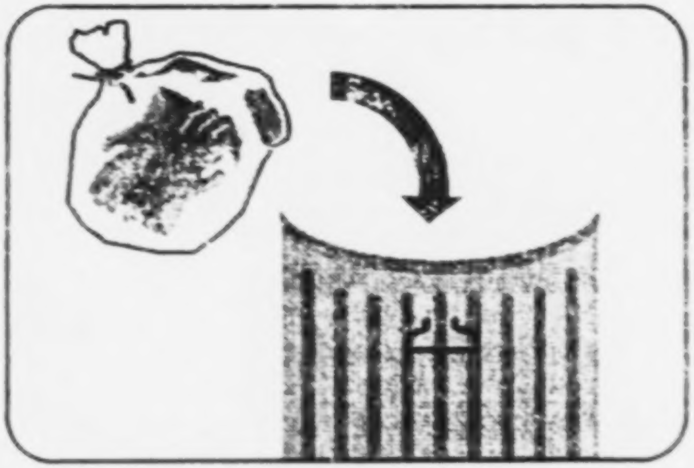


2. Persons giving first aid should put on the gloves before having contact with blood/body fluids.

INFECTION CONTROL

The Precautions Include:

AIDS
IS PREVENTABLE

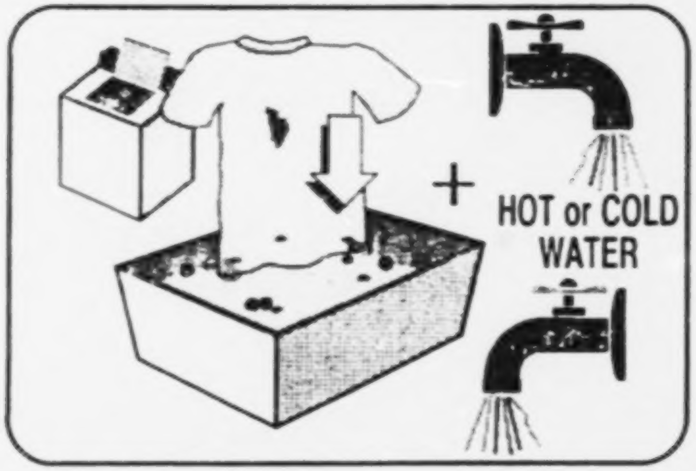


3. After giving first aid, all disposable items contaminated with blood should be placed in a plastic bag, which is tied shut and put in a wastebasket or trash can.

INFECTION CONTROL

The Precautions Include:

AIDS
IS PREVENTABLE

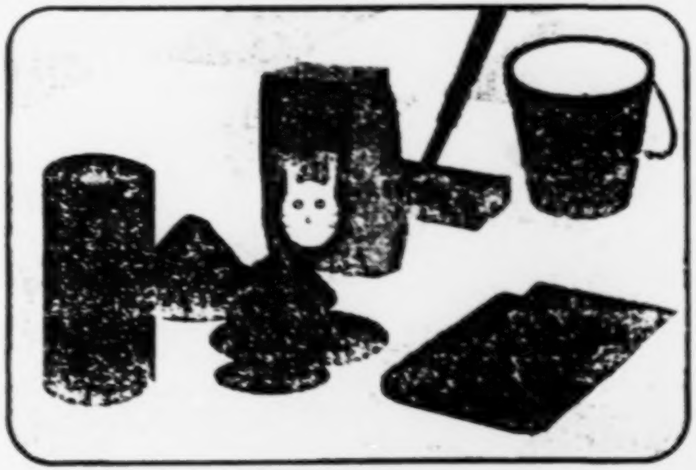


4. Any clothes contaminated with blood should be laundered or dry-cleaned.

INFECTION CONTROL

The Precautions Include:

AIDS
IS PREVENTABLE



5. Any blood or body fluid spilled on the floor, desks, or surfaces should be cleaned up with absorbent material and disinfected.

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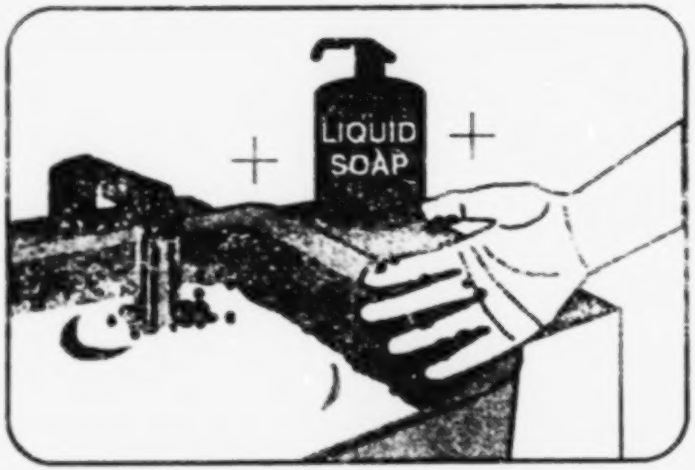
INFECTION CONTROL

The Precautions Include:

AIDS
IS PREVENTABLE

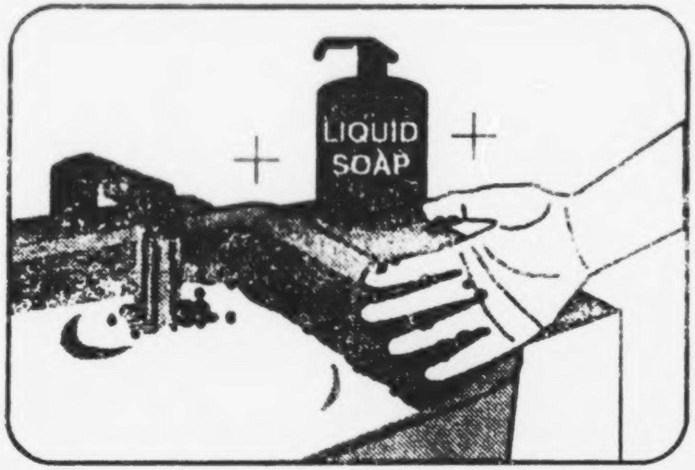


6. All persons providing first aid and cleanup should remove gloves and wash thoroughly with soap and water as soon as possible after finishing the task.

INFECTION CONTROL

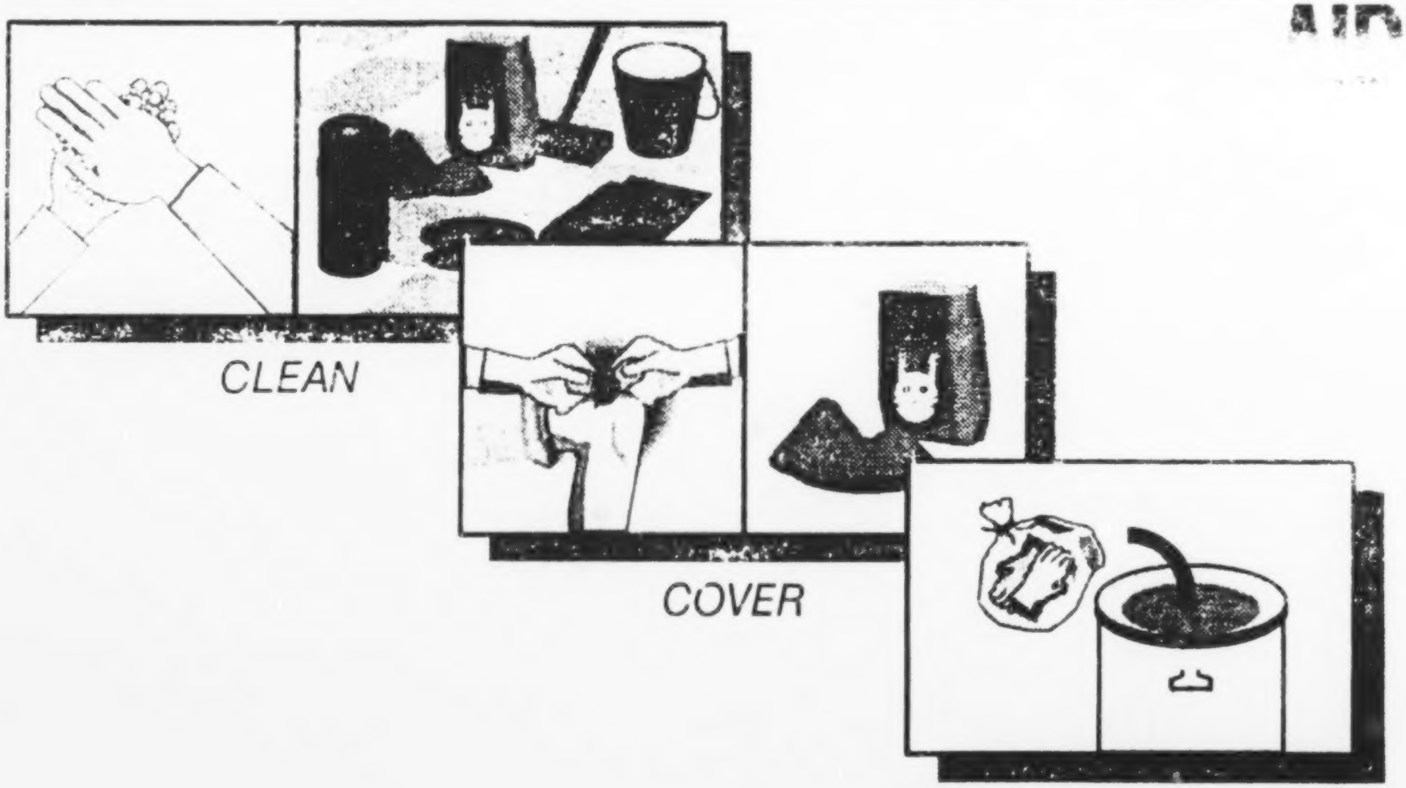
The Precautions Include:

AIDS
IS PREVENTABLE



6. All persons providing first aid and cleanup should remove gloves and wash thoroughly with soap and water as soon as possible after finishing the task.

KEY POINTS OF INFECTION CONTROL FOR PEOPLE AND THE ENVIRONMENT


CLEAN
COVER
CONFINE AND CONTAIN

OSHA Fact Sheet Number 92-46

Bloodborne Pathogens Final Standard

PURPOSE: Limits occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens which could lead to disease or death. "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure.

SCOPE: Covers all employees who could be "reasonably anticipated" as the result of performing their job duties to face contact with blood and other potentially infectious materials. OSHA has not attempted to list all occupations where exposures could occur.

Infectious materials include blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. They also include any unfixed tissue or organ other than intact skin from a human (living or dead) and human immunodeficiency virus (HIV) containing cell or tissue cultures, organ cultures and HIV or hepatitis "B (HBV)-containing culture medium or other solutions as well as blood, organs or other tissues from experimental animals infected with HIV or HBV.

EXPOSURE CONTROL PLAN: Requires employers to identify, in writing, tasks and procedures as well as job classifications where occupational exposure to blood occurs ..without regard to personal protective clothing and equipment. It must also set forth the schedule for implementing other provisions of the standard and specify the procedure for evaluating circumstances surrounding exposure incidents. The plan must be accessible to employees and available to OSHA. Employers must review and update it at least annually .. more often if necessary to accommodate workplace changes.

METHODS OF COMPLIANCE: Mandates universal precautions, (treating body fluids/materials as if infectious) emphasizing engineering and work practice controls. The standard stresses handwashing and requires employers to provide facilities and ensure that employees use them following exposure to blood. It sets forth procedures to minimize needlesticks, minimize splashing and spraying of blood, ensure appropriate packaging of specimens and regulated wastes and decontaminate equipment or label it as contaminated before shipping to servicing facilities.

Employers must provide, at no cost, and require employes to use appropriate personal protective equipment such as gloves, gowns, masks, mouthpieces and resuscitation bags and must clean, repair and replace these when necessary. Gloves are not necessarily required for routine phlebotomies in volunteer blood donation centers but must be made available to employees who want them.

The standard requires a written schedule for cleaning, identifying the method of decontamination to be used, in addition to cleaning following contact with blood or other potentially infectious materials. It specifies methods for disposing of contaminated sharps and sets forth standards for containers for these items and other regulated waste. Further, the standard includes provisions for handling contaminated laundry to minimize exposures.

HIV AND HBV RESEARCH LABORATORIES AND PRODUCTION FACILITIES: Calls for these facilities to follow standard microbiological practices and specifies additional practices intended to minimize exposures of employees working with concentrated viruses and reduce the risk of accidental exposure for other employees at the facility. These facilities must include required containment equipment and an autoclave for decontamination of regulated waste and must be constructed to limit risks and enable easy clean up. Additional training and experience requirements apply to workers in these facilities.

HEPATITIS B VACCINATION: Requires vaccinations to be made available to all employees who have occupational exposure to blood within 10 working days of assignment, at no cost, at a reasonable time and place, under the supervision of licensed physician/licensed healthcare professional and according to the latest recommendations of the U.S., Public Health Service(USPHS). Prescreening may not be required as a condition of receiving the vaccine. Employees must sign a declination form if they choose not to be vaccinated, but may later opt to receive the vaccine at no cost to the employee. Should booster doses later be recommended by the USPHS, employees must be offered them.

POST-EXPOSURE EVALUATION AND FOLLOW-UP: Specifies procedures to be made available to all employees who have had an exposure incident plus any laboratory tests must be conducted by an accredited laboratory at no cost to the employee. Follow-up must include a confidential medical evaluation documenting the circumstances of feasible, testing the exposed employee's blood if he/she consents, post-exposure prophylaxis, counseling and evaluation of reported illnesses. Healthcare professionals must be provided specified information to facilitate the evaluation of reported illnesses. Healthcare professionals must be provided specified information to facilitate the evaluation and their written opinion on the need for hepatitis B vaccination following the exposure. Information such as the employee's ability to receive the hepatitis B vaccine must be supplied to the employer. All diagnoses must remain confidential.

HAZARD COMMUNICATION: Requires warning labels including the orange or orange-bed biohazard symbol affixed to containers of regulated waste, refrigerators and freezers and other containers which are used to store or transport blood or other potentially infectious materials. Red bags or containers may be used instead of labeling. When a facility uses universal precautions in its handling of all specimens, labelling is not required within the facility. Likewise, when all laundry is handled with universal precautions, the laundry need not be labelled. Blood which has been tested and found free of HIV or HBV and released for clinical use, and regulated waste which has been decontaminated, need not be labeled. Signs must be used to identify restricted areas in HIV and HBV research laboratories and production facilities.

INFORMATION AND TRAINING: Mandates training within 90 days of effective date, initially upon assignment and annually.. employees who have received appropriate training within the past year need only receive additional training in items not previously covered. Training must include making accessible a copy of the regulatory text of the standard and explanation of its contents, general discussion on bloodborne diseases and their transmission, exposure control plan, engineering and work practice controls, personal protective equipment, hepatitis B vaccine, response to emergencies involving blood, how to handle exposure incidents, the post-exposure evaluation and follow-up program, signs/labels/color-coding. There must be opportunity for questions and answers, and the trainer must be knowledgeable in the subject matter. Laboratory and production facility workers must receive additional specialized initial training.

RECORDKEEPING: Calls for medical records to be kept for each employee with occupational exposure for the duration of employment plus 30 years , must be confidential and must include name and social security number; hepatitis B vaccination status (including dates); results of any examinations, medical testing and follow-up procedures; a copy of the healthcare professional's written opinion; and a copy of information provided to the healthcare professional. Training records must be maintained for three years and must include dates, contents of the training program or a summary, trainer's name and qualifications, names and job titles of all persons attending the sessions. Medical records must be made available to the subject employee, anyone with written consent of the employee, OSHA and NIOSH are not available to the employer. Disposal of records must be in accord with OSHA's standard covering access to records.

DATES: Effective date: March 5, 1992. Exposure control plan: May 5, 1992. Information and training requirements and recordkeeping:June 4, 1992; And the following other provisions take effect on July 6, 1992: engineering and work practice controls, personal protective equipment, housekeeping, special provisions covering HIV and HBV research laboratories and production facilities, hepatitis B vaccination and post-exposure evaluation and follow-up and labels and signs.

INVOLVING PARENTS AND THE LOCAL COMMUNITY IN THE HIV EDUCATION PROGRAM

The key to any successful health education program, especially one which includes a controversial topic such as HIV disease, is to involve parents and key community members in the development, revision, and implementation process. It is important to remind parents that the legislation mandating K-12 HIV education in schools did not mandate a specific curriculum, but left the development of a course of study in the capable hands of local communities.

It might encourage you to know that there is tremendous support for HIV education in schools among Arizona residents. In 1987, 1988, and 1989, the Arizona Department of Health Services conducted statewide surveys regarding individuals' knowledge, attitudes, and beliefs about HIV/AIDS. Here are just a few of the responses:

- 97 percent of Arizona residents believe HIV education should be taught in school.
- 76 percent believe HIV education should be taught no later than sixth grade, while 89 percent believe it should be taught no later than seventh grade.
- 89 percent believe HIV-infected children should be allowed to attend school.

In addition to the general public, we also have the support of the National PTA, the National School Boards Association, the National Education Association, and the American Red Cross—just a few of the organizations who actively support your HIV education efforts. All of these groups have published excellent materials to assist you in the development of an HIV education program that is responsive to your communities' values and culture. You can find their publications and numerous other quality products listed in the resource section of this guide.

But how do we get parents involved? We have all experienced the frustration of planning a wonderful program, only to have three or four parents show up. The following pages include successful approaches which have been used in small towns and large cities around the country. Perhaps many will be familiar to you based on your own experiences. But if you gain even one or two new ideas, we hope you will consider your time well spent!

1. One method, which we have already described in the section on legislation, is to make attendance at a preview presentation mandatory before a parent can withdraw their child from the HIV education program. In other states this has proven very successful. Most of the parents who were opposed to the program had been given misleading information from one or two vocal individuals in the community. Yet, when they had an opportunity to view the materials, vent their concerns, and discuss the program with the instructors, most parents went away not only willing to have their child attend, but were willing to advocate for the program with other parents.

Remember, the parent can still choose to withdraw the child, but we recommend that the parent receive accurate, age-appropriate information to discuss with the child at home.

2. If some parents simply cannot make it to the preview meeting, videotape the meeting and have the materials and the video available for checkout. If you simply cannot let your one copy of everything out of the building, at least this method would allow a parent to come in at an alternate time to review it.

3. If you do not have a local requirement that parents must attend a preview presentation before they can withdraw their child from HIV education, then make certain that the mailing to parents about the program reflects all the hard work that went into creating it. Include a full course description, sample homework assignments, suggested parent involvement activities, and brief written endorsements from some credible sources in the community, i.e., a minister who has a child enrolled in the school, a physician-parent who served on the review committee, etc.

4. Sponsor a grade-level potluck! Make this an annual event. Charge $1 apiece for a hot dog and chips; see if you can get someone to donate the soft drinks, and make it primarily a time for teachers and parents to get to know each other on an informal basis. Then after people have had time to eat, have some of the older students from the high school's Home Economic classes provide activities for the younger students so you can have some quality time with the parents. This time can be used to inform parents of anything new which will impact their children during the coming year—like the HIV education program!

5. If you anticipate resistance to the new program or policies, have a respected member of the community present to lend support. Another parent who was also initially skeptical but has been convinced of the need for the program can be a real asset as well.

6. If language is a barrier for some of your parents, have an interpreter present, preferably someone they can identify with from their own community.

7. Form a transportation tree. With permission from parents to give out names and addresses, each person that has a working vehicle is contacted and asked to pick up at least two others who do not.

8. Vary the meeting place. If children in your classrooms come from different parts of the city, consider holding a meeting at a local church or community center in their neighborhoods. It is also less intimidating for those parents for whom school was a place of failure.

9. Link up with your local public television station or radio station. They have air time that must be devoted to public service, and often are looking for programs. You could put on a parent education program and even offer it in several languages!

10. Contact your local churches. Many of the parents you never see are in church on Wednesday nights and all day Sunday. Many churches have invited our HIV educators in to give presentations to youth leaders and parent groups.

11. Check with the local senior centers for volunteers that may be willing to come to the school and baby-sit during a parent education meeting.

12. Call parents regularly with positive news about their child. Parents automatically assume that the only time they will hear from you is if the child has done something wrong. If they realize you actually care about their child and come to know you better through these brief contacts, they may even take the risk to come to a program which you invite them to attend.

13. Have children participate in inviting their parents. Have them design an invitation, glue pictures on the card, whatever they are capable of doing, and then staple your invitation inside.

14. Put up posters about HIV/AIDS in prominent places where parents will see them—main lobby at school, principal's office, rest rooms; then ask parents when they come in for any reason if they would be willing to take a poster or two to put up in their churches, local stores or trading posts, community centers, or lodges.

15. Have students make posters about facts which they have learned about HIV/AIDS, and ask them to have their parents put them up at their place of work! These posters are real attention grabbers, parents are usually proud to display their child's art work, and everyone learns something in the process. The posters may even be the catalyst for some conversation about HIV disease around the water cooler!

16. Once HIV education begins, refer students home for parental input to encourage parents to discuss their ideas, values, and opinions about HIV with their children, and to increase students' ability to see parents as a resource for themselves.

17. Use case studies, role-play situations, and audiovisuals in class which model positive parent-child interactions.

18. Sponsor an HIV/AIDS education night for the community with a local health professional there to answer technical questions from the audience. But make sure the individual can keep his or her comments brief so that the kids can provide most of the education via a puppet show, skits, or class simulation. Inviting students over from the high school or junior high to demonstrate how they assist in the education of younger students is a lot more interesting to parents after a hard day's work. But make sure you really publicize the program well and pick a night when there isn't a major ball game so these performers efforts are rewarded with a good turnout!

19. Using a post course evaluation form, survey parents to assess their perceptions of the effect of the class on their child, how they would like to see the class improved, and to give you some positive feedback as well!

20. If you are fortunate enough to have a few parents or teachers who really want to do something extra to help educate hard-to-reach parents about HIV disease, put together a home party program! With the help of a local health professional, give the volunteers a solid "AIDS 101" course, with guidelines about where to refer people for services or more detailed information; settle on a good video which is no longer than 30 minutes (several are listed in the resource section), and have each of the volunteers gather up three or four parents in a home with a VCR, some potato chips and dip, and have a great informal discussion about AIDS. What is wonderful about this is that many parents do not have reliable transportation or may be very uncomfortable in the school setting. This is less threatening and especially useful if you have volunteers that are bilingual or of the same ethnicity as the parents.

AN APPRECIATION OF CULTURE

Before proceeding on any curriculum development project, it is important for all of us as parents, teachers, and/or community health professionals to appreciate the fact that most of our children are being educated in multicultural classrooms. According to the U.S. Department of Education, by the year 2000 minority enrollment in U.S. school systems is expected to exceed 35 percent. In California, students from diverse cultural and ethnic backgrounds, including Latinos, Asians, and blacks, make up 51 percent of the student population. This can be an extremely enriching experience for our students if we as educators are sensitive to and respectful of the cultural and ethnic diversity which is represented, not only in our classroom, but in our society as a whole.

The following suggestions are being presented to assist you in developing and presenting HIV educational messages which are relevant to students from culturally diverse backgrounds. The material is taken from an excellent book entitled, "Practical Guidelines: Family Life Education in Multicultural Classrooms."

Guidelines For Teachers

The following recommendations are provided to help educators develop and teach health education classes that are sensitive to and reflective of the cultural and ethnic diversity of their students.

Since so much diversity exists within ethnic groups, no statements are made about the beliefs, attitudes, or values of specific groups. Each teacher must explore the beliefs of individual students, the community, and various groups within the community in order to represent the range of views which exist.

I. General Statements

A. Get to know your students as individuals within their cultures.

B. Since there is a wide range of values, beliefs, and attitudes about (HIV/AIDS), assume that this range of views might be held by your students and their parents. This means leading class discussions that reflect diversity and modeling for students the willingness to hear ideas different from your own.

C. Be sure that activities, discussions, films, written materials, and guest speakers reflect the cultural and ethnic diversity of the students, the community, and society in general. Involve advisory groups from diverse populations to help you select materials.

D. As part of your preparation for classroom discussions, assess how your own experiences, attitudes, and values may impact the teaching process. Acknowledge your own biases and attitudes towards students from diverse cultural and ethnic backgrounds. Being aware of how your personal biases can help you ensure that you present material in a balanced manner.

E. Be sensitive to the possibility that biases may exist among students and that parents may hold the same biases.

F. In helping students to overcome stereotypes, be aware that this process is quicker for some and slower for others.

II. Recommendations for Specific Topics

A. Families

1. Stress that there is no universally accepted definition of family. Definitions are influenced by individual experiences and cultural backgrounds.
2. Present and validate families in a variety of forms, being sure to include the different family (systems) experienced by your students.
3. Remember that parenting styles, forms of discipline and expressions of affections vary within various families according to their culture.
4. Accentuate the family as a powerful source of support and advocacy.
5. Increase students' awareness of the different roles and expectations they feel as a part of growing up male or female in their families, their own ethnic culture, and the larger culture in which they interact.
6. Facilitate students' recognition of intergenerational stress and value conflicts between family members that result from different rates of acculturation.
7. Facilitate communication between students and their parents to help overcome communication barriers due to acculturation.
8. Support the active involvement of parents as the primary sex educators of their children.

B. Self-Esteem

1. Recognize the importance of self-esteem as a factor in the achievement of academic and personal goals.

2. Promote a sense of connection among students by developing a climate of mutual respect.

3. Encourage students to see themselves as unique and worthwhile individuals within the context of their cultural heritage.

4. Empower students by teaching personal responsibility and control over the direction of their lives.

5. Include visible role models of leadership and success. Encourage students to pursue their goals and become leaders in their community.

6. Be aware that many families consider the needs of the group over the needs of the individual. Reinforce the concept of power centered in the family as well as in the individual.

C. Cultural Pride

1. Recognize that cultural pride is essential to the self-esteem and achievement of students.

2. Recognize that students live within the context of their cultural framework while also standing uniquely apart from it.

3. Help students recognize that there are universal values that are commonly held by all cultures as well as values, traditions, and beliefs unique to specific cultures.

4. Promote an understanding that although people from a distinct cultural and ethnic group generally hold certain values in common, particular families and individuals will differ from the norm.

5. Emphasize that culture changes in response to a continuously evolving environment, while at the same time providing consistency and values through time.

6. Create a climate of acceptance and affirmation of cultural differences.

D. Decision Making

1. Acknowledge that the consequences of an action or decision may be seen differently by students based on their individual experiences and their cultural background.

2. Stress that the best decision for the same situation may be different for each student, based on individual experience and cultural background.

3. Remember that the alternatives in decision making are influenced by one's cultural background.

4. When discussing consequences of a decision with students, examine how the decision might affect their families and their relationships with family members. Remember that the impact of decisions on the family and the concerns students feel regarding this impact may be influenced by their cultural background.

5. Remember that the ability to implement decisions is influenced by one's cultural background.

6. Promote decision making skills that will enable students to explore an expanded range of opportunities, including career and educational opportunities. Encourage students to consider family values as well as individual strengths and desires when making decisions.

CHECKING OUT YOUR BIASES

The following questions may help you identify ways you unintentionally show biases.

1. List five students you most like and feel most comfortable with and five for whom the reverse is true.
   a. Do these students have anything in common with each other, e.g., dress, language, behavior, cleanliness, manners, culture, ethnicity?
   b. Can you identify a bias that is indicated by their similarities?
2. Does the physical or seating arrangement in the room result in the better or brighter students being closer to you and having the best view of the blackboard?
3. Are privileges such as taking messages to the office or passing out papers and books unevenly distributed among students? Do smarter students or students from certain cultural or ethnic groups have more class privileges?
4. Do you spend more instructional time with one group of students than others?
5. Do you tend to wait longer for high achievers to respond to questions? Are you more impatient with low achievers and quicker to supply answers for them?

6. Do you tend to expect less from certain students? Are these children more likely to be economically deprived and minority members? Do they achieve less?

7. Do you tend to praise (with verbal and written comments) certain students more than others? Do these students tend to be from any particular economic, ethnic, or cultural group?

8. Do certain students show signs of withdrawal, self-depreciation, or aggression toward you or other students? Is this behavior more common among economically deprived and minority children?

CURRICULUM GUIDELINES FOR MULTICULTURAL CLASSROOMS

As you review curricula, ask the following questions to determine if the curriculum is responsive to and reflective of the ethnic and cultural diversity of your students and society. Negative responses to questions may indicate areas where improvement is needed.

1. Have you ever evaluated your textbooks and other materials in terms of their treatment of different groups, e.g., ethnicity, sex, age, handicap, class?

2. Do your instructional materials treat different groups honestly, realistically, and sensitively?

3. Have you ever had the opportunity to study your students, e.g., their backgrounds, values, ways of thinking, with the aim of using this knowledge to improve instruction?

4. Do your instructional goals and strategies reflect the different cultures and learning styles of students in your class?

5. Do you think your curriculum helps students learn to function effectively in different cultures?

6. Do you think your curriculum contributes to strengthening students' senses of individual identity and helps them understand themselves better in light of their own heritage?

7. Does your curriculum include discussion of prejudice, discrimination, and exploitation and their effect on individuals and relationships?

8. Does your curriculum treat both positive and negative aspects of minority group experiences?

9. Does your curriculum help students examine similarities and differences both within and among different groups?

10. Do you help students distinguish facts from interpretations and opinions?

11. Do you spend sufficient time and effort dispelling misconceptions, stereotypes, and prejudices that students appear to hold?

12. Do you introduce students to the experiences of persons of varying backgrounds and occupations within different groups?

13. Do you use materials written by and about members of different groups in your instruction?

14. Do you spend sufficient time helping students understand that different groups might perceive the same events or situations very differently?

15. Do you encourage and support students who wish to take action on social problems they have studied and are concerned about?

RESOURCES

ARIZONA STATE AND COUNTY HEALTH DEPARTMENTS

AZ DEPARTMENT OF HEALTH SERVICES
3815 North Black Canyon Highway
Phoenix, AZ 85015-5351
CONTACT: Judy Norton, HIV/STD Services
PHONE: 230-5819, FAX: 230-5973

APACHE COUNTY HEALTH DEPARTMENT
P.O. Box 697
St. Johns, AZ 85936
CONTACT: Don Foster, Director
PHONE: 337-4364 ext. 280, FAX: 337-4530

COCHISE COUNTY HEALTH DEPARTMENT
1415 West Melody Lane
Bisbee, AZ 85603
CONTACT: Ramon Garcia, HIV Program Services
PHONE: 432-9472, FAX: 432-9480

COCONINO COUNTY HEALTH DEPARTMENT
2500 North Ft. Valley Road
Flagstaff, AZ 86001
CONTACT: Kimbal Babcock, HIV Program Services
PHONE: 779-5164, FAX: 773-0792

GILA COUNTY HEALTH DEPARTMENT
621 South Fifth Street (Site)
1400 East Ash Street (Mail)
Globe, AZ 85501
CONTACT: Jean Turner, RN-HIV Coordinator
PHONE: 425-3189, FAX: 425-0794

GRAHAM COUNTY HEALTH DEPARTMENT
826 West Main
Safford, AZ 85546
CONTACT: Maria Botsford, R.N.
PHONE: 428-0110, FAX: 428-5951

GREENLEE COUNTY HEALTH DEPARTMENT
P.O. Box 936
Clifton, AZ 85533
CONTACT: "Sam" Rebecca Duncan, R.N.
PHONE: 865-2601, FAX: 865-4417

LA PAZ COUNTY HEALTH DEPARTMENT
916 12th Street
Parker, AZ 85344
CONTACT: Pat Norris, Dir. of Nurs.
PHONE: 669-6155, FAX: 669-6703

MARICOPA COUNTY HEALTH DEPARTMENT
1845 East Roosevelt
Phoenix, AZ 85006
CONTACT: David Willoughby, HIV Programs
PHONE: 506-6900, FAX: 506-6885

MOHAVE COUNTY HEALTH DEPARTMENT
305 West Beale
Kingman, AZ 86401
CONTACT: Terri Williams, Dir. of Nurs.
PHONE: 753-0748, FAX: 753-0777

NAVAJO COUNTY HEALTH DEPARTMENT
P.O. Box 639
Holbrook, AZ 86025
CONTACT: Shirley Cooper, Nursing Sup.
PHONE: 524-6825, FAX: 524-1907

PIMA COUNTY HEALTH DEPARTMENT
150 West Congress
Tucson, AZ 85701
CONTACT: Floyd Meeks, HIV Ed. Prog.
PHONE: 622-1118, FAX: 622-1119

PINAL COUNTY HEALTH DEPARTMENT
188 South Main
Coolidge, AZ 85228
CONTACT: Janice Taylor, R.N.
PHONE: 723-9541, FAX: 868-7358

SANTA CRUZ COUNTY HEALTH DEPARTMENT
P.O. Box 1150
Nogales, AZ 85628
CONTACT: Frank Perez
PHONE: 761-7893

YAVAPAI COUNTY HEALTH DEPARTMENT
930 Division Street
Prescott, AZ 86301
CONTACT: Ilsa Asplund, HIV Ed.
PHONE: 771-3135, FAX: 778-4249

YUMA COUNTY HEALTH DEPARTMENT
201 Second Avenue
Yuma, AZ 85364
CONTACT: Becky Smith, HIV Ed.
PHONE: 329-0751, FAX: 329-2226

RESOURCES

This resource list is meant to provide school officials with information to be used in developing HIV education programs. It is not an all-inclusive list, nor are the programs, organizations, or resource materials endorsed by NSBA.

Hotlines

National AIDS Hotline
U.S. Public Health Service
800/342-AIDS
800/344-SIDA (Information in Spanish)

National Gay Task Force AIDS Hotline
800/221-7044; 212/807-6016 (NY)
(Hours: Mon.-Fri. — 5:00-10:00 p.m.; Sat. — 1:00-5:00 p.m. EST)

National STD Hotline
American Social Health Association
800/227-8922 (Mon.-Fri. — 8:00 a.m.-8:00 p.m. PST); recording during nonoperating hours

Teens Teaching AIDS Prevention
The Good Samaritan Project
Kansas City, MO
1-800-234-TEEN (Mon.-Sat. — 4:00 p.m.-8:00 p.m. CST)

Organizations

AIDS Action Council
2033 M St., N.W., Suite 801
Washington, DC 20036
202/293-2886

Alan Guttmacher Institute
2010 Massachusetts Ave., N.W.
Washington, DC 20036
202/296-4012

Association for the Advancement of Health Education
1900 Association Drive
Reston, VA 22091
703/476-3437

American Association of School Administrators
1801 North Moore St.
Arlington, VA 22209
703/528-0700

American Federation of Teachers
555 New Jersey Ave., N.W.
Washington, DC 20007-3852
202/879-4548

American Foundation for AIDS Research (AmFAR)
40 West 57th St.
New York, NY 10019-4001
212/333-3118

American Medical Association
535 North Dearborn St.
Chicago, IL 60610
312/645-5334

American Red Cross
National Headquarters
1730 D St., N.W.
Washington, DC 20006
202/737-8300

American School Health Association
P.O. Box 708
Kent, Ohio 44240
216/678-1601

Center for Population Options
1012 14th St., N.W., Suite 1200
Washington, DC 20005
202/347-5700

Council of Chief State School Officers
Resource Center on Educational Equity
400 North Capitol St., N.W., Suite 379
Washington, DC 20001
202/393-8159

National AIDS Information Clearinghouse
P.O. Box 6003
Rockville, MD 20850
1-800-458-5231
(Contact this clearinghouse for copies of the Surgeon General's Report on AIDS, CDC "Guidelines for Effective School Health Education to Prevent the Spread of AIDS," and other CDC reports).

National AIDS Network
2033 M St., N.W., Suite 800
Washington, DC 20036
202/293-2437

National Association of People with AIDS
2025 I St., N.W., Suite 415
Washington, DC 20006
202/429-2856

National Association of State Boards of Education
1012 Cameron St.
Alexandria, VA 22314
703/684-4000

National Coalition of Advocates for Students
100 Boylston St., Suite 737
Boston, MA 02116
617/357-8507

National Coalition of Hispanic Health and Human Services Organizations
1030 15th St., N.W., Suite 1053
Washington, DC 20005
202/371-2100

National Council of Churches
AIDS Task Force
475 Riverside Drive, Room 572
New York, NY 10115
212/749-1214

National Education Association
The Health Information Network
100 Colony Square, Suite 200
Atlanta, GA 30361
404/875-8819

National Minority AIDS Council
714 G St., S.E.
Washington, DC 20003
202/544-1076

National Network of Runaway and Youth Services, Inc.
905 6th St., S.W., Suite 411
Washington, DC 20024
202/488-0739

National Organization of Black County Officials
440 First St., N.W., Suite 500
Washington, D.C. 20001
202/347-6953

The National PTA
700 North Rush St.
Chicago, IL 60611
312/787-0977

National Rural and Small Schools Consortium
National Rural Development Institute
Miller Hall 359, Suite 500
Western Washington University
Bellingham, WA 98225
206/676-3576

Planned Parenthood Federation of America
810 7th Ave
New York, NY 10019
212/541-7800

RESOURCES

San Francisco AIDS Foundation
333 Valencia St., 4th Floor
San Francisco, CA 94103-6182
415/864-4376

Sex Information and Education
Council of the U.S. (SIECUS)
32 Washington Pl., 5th Floor
New York, NY 10003
212/673-3850

U.S. Conference of Mayors
1620 Eye St., N.W., 4th Floor
Washington, DC 20006
202/293-7330

U.S. Public Health Service
Public Affairs Office
Room 725-H
200 Independence Ave., N.W.
Washington, DC 20201
202/245-6867

Young Adult Institute
460 W. 34 St.
New York, NY 10001-2382
212/563-7474

Background and Information Sources

AIDS and Adolescents: The Time for Prevention Is Now and ***AIDS and Adolescents: Resources for Educators***. Center for Population Options, 1012 14th St., N.W., Washington, DC; 202/347-5700.

The AIDS Catalog. AIDS International Information Distribution Service, P.O. Box 2008, Saratoga, CA 95070; 408/866-6303.

The AIDS Challenge: Prevention Education for Young People, ed. Marcia Quackenbush and Mary Nelson with Kay Clark, 1988. Network Publications, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; 408/438-4080.

AIDS Education: Curriculum and Health Policy (Fastback 265), William L. Yarber. Phi Delta Kappa, 8th & Union, Box 789, Bloomington, IN 47402.

AIDS and the Education of Our Children: A Guide for Parents and Teachers. U.S. Department of Education, Office of Public Affairs, 400 Maryland Ave., S.W., Washington, DC 20202.

AIDS Educator: A Catalog of AIDS Educational Material. San Francisco AIDS Foundation, 333 Valencia St., 4th Floor, San Francisco, CA 94103; 415-864-4376.

AIDS Education at Home and School: An Activity Guide for Local PTA Leaders. The National PTA, 700 North Rush St., Chicago, IL 60611-2571; 312/787-0977.

AIDS and Safer Sex Education: An Annotated Bibliography of Print and Audio-Visual Materials for Sale. SIECUS, 32 Washington Pl., New York, NY 10003; 212/673-3850.

AIDS Information Resources Directory. American Foundation for AIDS Research (AmFAR), 40 West 57 St., New York, NY 10019-4001; 212/333-3118.

AIDS School Health Education Subfile, Combined Health Information Database (CHID), Centers for Disease Control. BRS Information Technologies, 1200 Route 7, Latham, NY 12110; 800/345-4277.

And the Band Played On, Randy Shilts, 1987. St. Martin's Press, 175 Fifth Ave., New York, NY 10010.

Confronting AIDS: Directions for Public Health, Health Care, and Research, 1986, and *Confronting AIDS Update 1988*, Institute of Medicine, National Academy of Sciences. National Academy Press, 2101 Constitution Ave., N.W., Washington, DC 20418.

Criteria for Evaluating an AIDS Curriculum, rev. 1988. National Coalition of Advocates for Students (NCAS), 100 Boylston St., Boston, MA 02116; 617/357-8507.

Dealing with AIDS: Breaking the Chain of Infection, 1988. American Association of School Administrators, 1801 N. Moore St., Arlington, VA 22209; 703/528-0700.

Educating About AIDS, 1988 Supplemental Catalog. Network Publications, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061; 408/438-4080.

Effective AIDS Education: A Policymaker's Guide, 1988. National Association of State Boards of Education, 1012 Cameron St., Alexandria, VA 22314; 703/684-4000.

Publications from Planned Parenthood (catalog). Planned Parenthood Federation of America, Inc., Education Department, 810 Seventh Ave., New York, NY 10019; 212/541-7800.

Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic, 1988. U.S. Government Printing Office, Washington, DC 20402.

Schools Face the Challenge of AIDS, 1989. Education Development Center, Inc., 55 Chapel St., Newton, MA 02160; 617/969-7100.

SIECUS Information and Service Library. Sex Information and Education Council of the U.S., 32 Washington Pl., New York, NY 10003; 212/673-3850.

Curricula

(Many state education departments have developed HIV education curricula; AIDS/HIV education coordinators for each state education agency are listed later in this section.)

AIDS: What You Should Know (5-8) and *AIDS: Understanding and Prevention* (9-12), (Student and Teacher Editions), Linda Meeks and Phil Heit, 1988. Merrill Publishing Co., 936 Eastwind Drive, Westerville, OH 43081; 614/890-1111.

AIDS: What Young Adults Should Know (Instructor's Manual and Student Guide), William Yarber, 1987. American

RESOURCES

Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD), Publications, P.O. Box 704, Waldorf, MD 20601; 703/476-3400.

Does AIDS Hurt?: Educating Young Children About AIDS (to age ten), 1988. Network Publications, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061; 213/438-4060.

Educator's Guide to AIDS and Other STDs, Stephen R. Sroka, 1987. Health Education Consultants, 1284 Manor Park, Lakewood, OH 44107; 216/521-1766.

Explaining AIDS to Children, Inon Schenker, 1988. AIDS Educational Fund, P.O. Box 7956, Jerusalem, Israel.

Growing Healthy, 1989 (rev.). National Center for Health Education, 30 East 29 St., New York, NY 10016; 212/689-1886.

Guide to Teaching About AIDS, 1988. (Film, student pamphlet, parent pamphlet also available.) National Safety Council, 444 North Michigan Ave., Chicago, IL 60611; 312/527-4800.

The Immune System and AIDS, Inon Schenker, 1988. AIDS Educational Fund, P.O. Box 7956, Jerusalem, Israel.

Into Adolescence: Learning About AIDS (5-8), 1988. Network Publications, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061; 213/438-4060.

Preventing AIDS, 1988. Education Development Center, Inc., 55 Chapel St., Newton, MA 02160; 617/969-7100.

STATS: Students Teaching AIDS to Students, 1988. American Medical Student Association, 1890 Preston White Drive, Reston, VA 22091; 703/620-6600.

Teaching AIDS: A Resource Guide on Acquired Immune Deficiency Syndrome, Marcia Quackenbush and Pamela Sargent, 1988 Edition. Network Publications, P.O. Box 1830, Santa Cruz, CA 95061; 213/438-4060.

Teenage Health Teaching Modules (THTM), 1989 (rev.). Education Development Center, Inc., 55 Chapel St., Newton, MA 02160; 617/969-7100.

AIDS: What Every Student Should Know, 1986, Maryland Dept. of Education. International Telecommunication Services, Inc., P.O. Box 1290, State College, PA 16804.

AIDS: What Everyone Needs to Know (rev). Churchill Films, 662 North Robertson Blvd., Los Angeles, CA 90069; 800/334-7830; in CA, 213/657-5110.

Beyond Fear (Three parts: *The Virus; The Individual; The Community*), 1986. American Red Cross (contact your local chapter or regional operations headquarters).

Choices: Learning About AIDS, 1988. National Safety Council, 444 North Michigan Ave., Chicago, IL 60611. (Administrator's and Teaching Guides and pamphlets for students and parents also available.)

Don't Forget Sherrie, 1988. American Red Cross (contact your local chapter or regional operations headquarters).

Drugs and AIDS: Getting the Message Out, 1988 (produced by State of the Art, Inc. for the National Institute on Drug Abuse). WETA Educational Activities, P.O. Box 2626, Washington, DC 20013; 703/998-2709.

Face to Face with AIDS, 1988 (produced by Novela Health Foundation). Karol Media, 22 Riverview Drive, Wayne, NJ 07470; 201/628-9111.

I Have AIDS: A Teenager's Story, 1988 (produced by The Children's Television Workshop; contact your local Public Broadcasting Station affiliate for information on acquisition).

Sex, Drugs, and AIDS, 1986. ODN Productions, 74 Varick St., Suite 304, New York, NY 10013; 212/431-8923.

The Subject Is AIDS, 1987. ODN Productions, 74 Varick St., Suite 304, New York, NY 10013; 212/431-8923.

'Til Death Do Us Part, 1988. New Day Films, 22 Riverview Drive, Wayne, NJ 07470; 201/633-0212.

Understanding AIDS, 1987 (one of six comprising the series Challenges and Choices). GEMINI Productions, Box 541, Winchester, MA 01890; 617/729-9585.

Audiovisuals

A Letter from Brian, 1987. American Red Cross (contact your local chapter or regional operations headquarters).

AIDS: Answers for Young People, 1987. Churchill Films, 662 North Robertson Blvd., Los Angeles, CA 90069; 800/334-7830; in CA, 213/657-5110.

AIDS: Everything You Should Know, 1987. AIMS Media, 6901 Woodlely Ave., Van Nuys, CA 91406; 800/367-2467.

The AIDS Movie, 1987 (rev.). New Day Films, 22 Riverview Dr., Wayne, NJ 07470; 201/633-0212.

AIDS: What Do We Tell Our Children?, Disney Educational Productions, Coronet/MTI Film & Video, 108 Wilmot Rd., Deerfield, IL 60015; 1-800/621-2131; in IL and AL, 312/940-1260 (collect).

Miscellaneous Instructional Resources

AIDS (Acquired Immune Deficiency Syndrome), (comic book), 1987. Commercial Comics, Inc., 1500 Massachusetts Ave., N.W., Washington, DC 20005.

AIDS (puppet program). The Kids on the Block Puppet Programs, 9385-C Gerwig Lane, Columbia, MD 21046; 301/290-9095; 800/368-KIDS.

The Parent-Teen AIDS Education Program: Talking with Teens, 1988 (manual, video, brochure). San Francisco AIDS Foundation, 333 Valencia St., 4th Floor, P.O. Box 6182, San Francisco, CA 94101-6182; 415/861-3397.

Teens & AIDS: Playing It Safe (brochure). American Council of Life Insurance, Health Insurance Association of America, 1001 Pennsylvania Ave., N.W., Washington, DC 20004.

RESOURCE MATERIALS GUIDE

Policy Development

The Arizona Department of Education does not require or endorse the use of any specific resource materials and recommends that all materials be screened by local school district advisory boards, prior to their use in the classroom or staff education program. A program review committee, mandated by the Centers for Disease Control, did review the following materials and considered them to be appropriate for school settings.

Someone at School Has AIDS—A Guide to Developing Policies for Students and School Staff Members Who Are Infected with HIV

National Association of State Boards of Education
1012 Cameron Street
Alexandria, VA 22314
(703) 684-4000

Responding to HIV and AIDS—A Special Publication for NEA Members

The Health Information Network
100 Colony Square, Suite 200
Atlanta, GA 30361
(404) 875-8819

How Four States Put HIV/AIDS Instruction in the Classroom
(Alabama, Maryland, Nebraska, and Washington)

Council of Chief State School Officers
Resource Center on Educational Equity
379 Hall of the States
400 North Capitol Street, N.W.
Washington, DC 20001-1511
(202) 393-8159

The Arizona Prevention Resource Center (APRC)
725 South Rural Road, Suite C207
Tempe, Arizona 85287-1708
Telephone (602) 965-9666 Toll Free in Arizona 1-800-432-APRC(2772)
TTY 1-800-432-2772 Fax (602) 965-8198

All of the materials listed in the Resource Materials Guide–Appendix G–are available for free preview and/or short term use.

STAFF AND COMMUNITY EDUCATION

Saving A Generation. (videos and guide)

SELECT Media
Educational Film and Video
74 Varick Street, Suite 303
New York, NY 10013
(212) 431-8923

Endorsed by the National PTA, American School Health Association, National School Boards Association, and the National Education Association, Saving a Generation offers teachers successful strategies to help them reach students. It is a package of two videotapes and a 12-page teacher's guide that gives teachers in grades 4-12 the competence and confidence to lead young people to healthy choices. Teachers demonstrate strategies that they have built into their classroom routines. They use techniques that can be adapted to a wide range of grade levels. A variety of teachers, administrators, and parents show that effective HIV and AIDS education needs communitywide cooperation. $94.95.

AIDS: The Family and the Community. (video)

Films for the Humanities and Sciences, Incorporated
Box 2053
Princeton, NJ 08543-2053
(800) 257-5126

This program examines some of the realities: how HIV disease is transmitted; how many cases of infection are the result of sexually active teens believing that it can't happen to them; how vital to patients and their families community support is; and—whether we live in large cities or small, rural communities—how AIDS is already affecting us all. 26 minutes. $149.

American Red Cross—HIV/AIDS Instructor Training Program

American Red Cross—Central Arizona Chapter
1510 East Flower Street
P.O. Box 17090
Phoenix, AZ 85011
(602) 264-9481

The American Red Cross provides a 16-hour HIV/AIDS education program which also includes an excellent instructor manual. The program prepares the participants to provide in-services to adult audiences.

Black People Get AIDS Too.

Churchill Films
12210 Nebraska Avenue
Los Angeles, CA 90025
(800) 334-7830

In animation and interviews with black physicians and community leaders, the program looks at the causes and symptoms of HIV disease, its effects on the immune system, HIV antibody test, and the social and economic ramifications of the disease. Experts do provide advice on what constitutes safer sexual practices, the use of condoms and spermicides and the risk of sharing drug paraphernalia. Community, government, and religious leaders speak out about their roles in disseminating AIDS information, and a young black male, who died shortly after filming, describes his experience and the importance of education in the black community. 20 minutes. $295.

What Ramon Did. Hosted by Esia Morales. (video)

AIMS
6901 Woodley Avenue
Van Nuys, CA 91406-4878
(800) 367-2467

Created for Hispanics, by Hispanics, this unique dramatic program is endorsed by Chicanos Por La Causa and the League of United Latin American Citizens. Produced by the crew of "Hill Street Blues," the film reliably dispels myths and emphasizes HIV/AIDS awareness and risk avoidance. In the story, Ramon, an intravenous drug user, returns from jail to his old neighborhood. His neighbors and friends are afraid that he may be a carrier of AIDS, for they know that "what Ramon did" was share needles with other addicts. Ramon's behavior becomes a catalyst for examination and changing lifestyles in Ramon's community. 30 minutes. $395.

AIDS Prevention Guide—for Parents and Other Adults Concerned about Youth.

National AIDS Information Clearinghouse
P.O. Box 6003
Rockville, MD 20850
(800) 458-5231

The above guide is free. Also available are free posters for both elementary and secondary school students in both English and Spanish. Ask for the catalog.

The Centers for Disease Control's National AIDS Hotline

(800) 342-AIDS
(800) 344-SIDA
(800) AIDS-TTY

These numbers offer 24-hour service, seven days per week, to respond to any questions you or a young person may have about the HIV or AIDS. All calls are free.

Combined Health Information Database (CHID)

Centers for Disease Control
Center for Health Promotion and Education
Division of Health Education
School Health Education Subfile
Atlanta, GA 30333
(404) 329-3492

UNIVERSAL PRECAUTIONS FOR SCHOOL STAFF

Universal Precautions for School Staff (video)

AMS Distributors, Incorporated
P.O. Box 457
Roswell, GA 30077
(404) 664-0713

Video demonstrating how to apply universal precautions for preventing the spread of HIV disease and Hepatitis B in typical school situations. 18 minutes. $199.

"It's Up To You"—Universal Hygiene Procedures. (video)

American Federation of Teachers
555 New Jersey Avenue, N.W.
Washington, DC
(800) 238-1133, Extension 4490

Poster on universal precautions is free. The 15-minute video, which specifically addresses universal precautions in the school setting, is only $6!

PRESCHOOL AND EARLY ELEMENTARY EDUCATION

Thumbs Up For Kids: AIDS Education. (video and guide)

AIMS Media
9710 DeSota Avenue
Chatsworth, CA 91311-4409
(800) 367-2467

Ruby Peterson (formerly "Miss Nancy" on "Romper Room") teaches young children about good health, germs, and AIDS through lively songs and activities. Lessens children's fears about AIDS and uses "healthy helpers" to serve as positive role models for children. Grades K-2. $250.

AIDS: Let's Talk. (video and guide)

New Dimension Media, Incorporated
85803 Lorane Highway
Eugene, OR 97405
(800) 288-4456

Through young narrators, puppetry, and gentle humor, the program informs about AIDS, dispels unnecessary fears, and encourages understanding with information appropriate to this age level. Grades 2-5. $295.

My Name Is Jonathan (And I Have AIDS. (book)

Prickly Pair Publishing and Consulting Company
9628 West Oregon Place
Denver, CO 80232
(303) 986-3505

A book for students K-6 to help them and their parents understand why it is safe for a child with AIDS to go to school. English and Spanish. $12.95.

Beginnings: You Won't Get AIDS. (video and guide) 14 minutes.

Aims Media
6901 Woodley Avenue
Van Nuys, California 91406-4878

A group of 6–10-year-olds at soccer practice. One child gets injured and expresses concern about getting AIDS. Through discussion and song, the soccer coach explains to the children myths and facts concerning the disease. Grades 2–4.

Children and the AIDS Virus. (book)

Clarion Books
Rosemarie Hausheer, Author
215 Park Avenue South
New York, NY 10003
1-800-225-3362

Content is about a five-year-old and a ten-year-old child with AIDS. One child is Caucasian and one child is black. Very sensitively written, lots of pictures of the children enjoying normal childhood activities. Large print is used for younger children, and for the older children in-depth discussions in smaller print are included on the bottom of the page. Both children are in school. $13.95.

Come Set With Me. (book)

Children With AIDS Project of America
4020 North 20th Street, Suite 103
Phoenix, Arizona 85016

A book about young children in school. An HIV-infected child, Nicholas, is befriended by another child, Karen. The result is fear and concern by parents. Education ensues for parents and children, resulting in the acceptance of Nicholas by all. For reading to or by early elementary age children. Additional HIV/AIDS information given following the story. $6.95

Defending the Castle. (book)

Ann Lerner, Program Administrator
Robert Wood Johnson Medical School
Hem/Onc, Room 378
UMDNJ
1 Robert Wood Johnson Place
New Brunswick, NJ 08903-0019
(908) 937-7681

This book discusses the immune system and HIV/AIDS, likening the human body to a castle, with the immune system as an army, the white blood cells as knights and squires, and disease as the enemy. Many illustrations. Post test at the end. Grades 5 and up. $3.50

Friends for Life—The Kids on the Block Book Series.

Twenty-first Century Books
38 South Market Street
Frederick, MD 21701
(301) 698-0210

This story, in which the advisor of a student club is found to have AIDS, examines the response of the community, the students, and the advisor herself. There is a positive outcome eventually; however, not before some difficult issues are faced. $12.95.

"Does AIDS Hurt?"—Educating Young Children about AIDS. Suggestions for teachers, parents, and other care providers of children to age 10. (book)

Network Publications
P.O. Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

This book offers a host of suggestions on how to answer young children's questions about HIV; how to integrate an HIV-positive child into the school setting; how to discuss the infectivity of a relativity or family friend with a young child, and suggestions for classroom education. $14.95.

Germ Smart: Children's Activities in Disease Prevention.

ETR Associates/Network Publications
P.O. Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

This easy-to-use teacher's guide introduces age-appropriate role-play, puppetry, crafts, and games to help students in K-3 understand basic disease prevention. $9.95.

Terry the Friendly Dragon Helps You Be A.I.D.S. Smart—A Study Guide and Activity Book for the Grade School Child.

Creative Graphics
127 South Main Street
Mount Vernon, OH 43050
(614) 392-4327

Free sample! They also have two 37-page curriculum guides, one each from grades K-3 and 4-6. These provide suggested vocabulary, sample activity/worksheets, and notes for the teacher. $95 per guide or $175 for both.

Let's Talk About AIDS—An Information and Activity Book.

Channing L. Bete Company, Incorporated
Southfield, MA 01373
(800) 628-7733

AIDS and the Immune System. (video)

Churchill Films
12210 Nebraska Avenue
Los Angeles, CA 90025
1-800-334-7830

Four young friends interact throughout the video; one is HIV-positive, one gets the flu, and one gets a sliver in her finger. This short but effective video (12 minutes) accurately describes immune functions in all of these scenarios, and explains how the human system fights against germs that enter the body, and how HIV differs from other viruses. HIV is depicted attacking the cells, multiplying inside them and killing them. A boy who is infected with HIV explains to his schoolmates that he can only give the virus to others if his blood gets into their blood. It ends with the other children feeling more comfortable socializing with their friend who is HIV positive. Sensitive family dynamics. Ages 9-11. $225.

MIDDLE SCHOOL AND HIGH SCHOOL STUDENT EDUCATION

AIDS and the Immune System. Sixth grade. 12 minutes.

Four young friends interact throughout the video; one is HIV-positive, one gets the flu, and one gets a sliver in her finger. This short but effective video (12 minutes) accurately describes immune functions in all of these scenarios, and explains how the human system fights against germs that enter the body, and how HIV differs from other viruses. HIV is depicted attacking the cells, multiplying inside them and killing them. A boy who is infected with HIV explains to his schoolmates that he can only give the virus to others if his blood gets into their blood. It ends with the other children feeling more comfortable socializing with their friend who is HIV positive. Sensitive family dynamics. Ages 9-11. $225.

Churchill Films
12210 Nebraska Avenue
Los Angeles, CA 90025
1-800-334-7830

AIDS/HIV: Answers for Young People. Seventh grade. 18 minutes.

This video gives basic information about the AIDS virus and how it is transmitted. An intermediate school student who is infected with the AIDS virus shares his experience of being excluded from school. He is shown after returning to school and interacting with his classmates. Saying no to sexual intercourse and not using drugs taken with needles are emphasized as personal choices that provide safety from the AIDS virus. $275.

Churchill Films
12210 Nebraska Avenue
Los Angeles, CA 90025
1-800-334-7830

AIDS: Taking Action. Eighth grade. 19 minutes.

This video features a young narrator and junior high-age students. The narrator dispels common myths about AIDS transmission and describes the prevention of transmission. The operation of the immune system is described in general as it relates to AIDS. $275.

New Dimension Media, Incorporated
85803 Lorane Highway
Eugene, OR 97405
(800) 288-4456

Teen AIDS in Focus. Ninth grade. 16 minutes.

This video personalizes HIV/AIDS for teens, young adults, educator, parents, and mentors. It introduces viewers to three young people with HIV infection who talk openly about their lives, relationships, and perspectives on the future. These teens talk from their hearts in a way that connects with school-age youth of all racial, ethnic, and socioeconomic backgrounds.

ETR Associates/Network Publications
P.O. Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

A Million Teenagers. Tenth grade. 18 minutes.

This is an animated video about Sexually Transmitted Diseases (STDs) including herpes, chlamydia, and AIDS. Explanation of the physiology of the diseases, their transmission, symptoms, treatment, and dangers are discussed. $360.

Churchill Films
12210 Nebraska Avenue
Los Angeles, CA 90025
1-800-334-7830

A Letter from Brian. Eleventh grade. 29 minutes.

The dramatic story shows the effects on high school students who learn about a friend who got AIDS by sharing intravenous drug needles. The students struggle with their responses and the choices they have to make.

American Red Cross, National Headquarters
1709 New York Avenue, N.W.
Suite 208
Washington, DC 20006
(202) 639-3223

Don't Forget Sherrie. Twelfth grade. 32 minutes.

This video is a powerful drama focusing on a group of black urban teenagers. The relationship of Tim, a high school athlete, and Robin, his girlfriend, is threatened when Tim discovers that his ex-girlfriend, Sherrie, is dying from AIDS. Tim and Sherrie had experimented with intravenous drugs. The AIDS prevention information is presented throughout the video.

American Red Cross, National Headquarters
1709 New York Avenue, N.W.
Suite 208
Washington, DC 20006
(202) 639-3223

Sexually Transmitted Diseases and AIDS. Seventh - Twelfth grade. 26 min.

This program briefly reviews the "teamwork" that takes place in the immune system, and then proceeds to discuss how it attempts to battle sexually transmitted diseases such as chlamydia, gonorrhea, syphilis and AIDS. Included also is a candid interview with a widow of an AIDS victim showing how quickly, or slowly, the body's immune system can be destroyed by the HIV virus, making the body unable to fight off even the most simple infections. $295.

Altschul Group Corporation
1560 Sherman Avenue, Suite 100
Evanston, IL 60201

Just Like Us: AIDS Prevention. Tenth grade and up. 25 min.

Interviews seven young HIV-positive young people, most of whom contracted the disease through heterosexual sex. This personal approach helps students to understand that anyone can get AIDS. It's an emotional video, sending an abstinence message through its hard hitting and compelling interviews with HIV-positive youth. $149.

Sunburst Communications
39 Washington Avenue
P.O. Box 40
Pleasantville, NY 10570-0040

Just Say kNOw To Aids. Seventh Grade and up. 50 min.

Health Education Learning Programs has produced four versions of this powerful and informative program for AIDS prevention/education. All versions advocate abstinence while relaying important information regarding HIV and AIDS. HIV and AIDS patients share the truth about the costs, realities and discrimination of having this deadly virus while experts from the medical field substantiate the facts. Popular teen celebrities are also included. Both the Abstinence Versions and the Safer Sex Versions are available in a one- or two-day presentation format. $195 each version.

Health Education Learning Programs
1309 East Northern Avenue, Suite 304
Phoenix, AZ 85020